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# An Examination of the Lived Experiences of United States Military Veterans who have been Diagnosed with Psychological Inflictions of War who have Utilized Equine Assisted Therapy

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AN EXAMINATION OF THE LIVED EXPERIENCES OF UNITED STATES  
MILITARY VETERANS WHO HAVE BEEN DIAGNOSED WITH  
PSYCHOLOGICAL INFLICTIONS OF WAR WHO HAVE UTILIZED EQUINE  
ASSISTED THERAPY

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Doctor of Philosophy

in

The School of Human Resource Education  
and Workforce Development

by

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## ACKNOWLEDGMENTS

There were a few key people involved with this journey and I thank you. But, most of all I am thankful for my wife. Without her I would never have completed this journey. With all of my love.

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## ABSTRACT

As the result of multiple psychological conditions that are inflicted by war, the need for veterans' well-being is ever evident. "PTSD changes the body's response to stress, often making it difficult for PTSD victims to live their lives as they normally would" (Stokes, 2013, p. 1). It is possible to touch individuals who do not react to traditional therapy with a different type of therapy. It is recommended that veterans besieged with these same symptoms could benefit from therapy with animals. Renson (2010) concluded that animals have delivered numerous benefits to people using therapy. The benefits that animals offer in helping veterans break down the walls that are built from wartime experiences are astounding (Alers & Simpson, 2012). Renson (2010) noted that levels of loneliness and depression decreased, while levels of trust increased from Equine Assisted Therapy (EAT).

## CHAPTER 1: INTRODUCTION

*Purple Hearts are not awarded for Post-Traumatic Stress Disorder (PTSD).*

War has the overwhelming power to shatter the world of military service members and create chaos in their lives once they return state side (Kuhnenn, 2015). Adults young and old volunteer years of their lives for selfless-service to and for their country; they leave a civilian world and go off to war as trained military personnel but they are not trained to manage internally what they experience. Hemmerly-Brown (2011) wrote that one in five deployed veterans live with Post-Traumatic Stress Disorder (PTSD).

Because of experiences endured during war, veterans of all military branches come home with psychological inflictions. Tanielian and Jaycox (2008) found that 20% of Iraq and Afghanistan veterans came home with indicators of PTSD or depression; combat took mental tolls on these veterans. Feelings of guilt and remorse persist for the loss of fallen comrades and the events that were endured while doing their jobs (United States Army, 2012). Impacted by fears and terrors from their experiences, readjusting into the civilian world is very strenuous and taxing on them (Crees, 2012). Opening up to others is often compromised by the fears that they hold within (Renson, 2010). With the overwhelming feelings and fears of wartime, the veterans are often reluctant to find safe and healthy coping techniques (Crees, 2012). According to the United States Army (2012), most veterans return to abuse alcohol or drugs.

Regardless of a medical diagnosis, the psyche is ultimately tampered with when returning from war. PTSD and traumatic brain injury (TBI) are the major grievances that have been diagnosed in returning veterans. According to Friedman (2004), seven million (30%) individuals of the veteran population live with PTSD. This burden affects veterans in a multitude of ways and can lead to an internal battle. “Veterans diagnosed with PTSD often find they re-experience



trauma to a degree that leaves them unable to cope with daily life in a safe and healthy manner” (Masters, 2010, p. 1). Because of the nature of these disorders, the use of traditional therapy is not always an effective method to assist veterans in managing their lives. According to Tanielian and Jaycox (2008), veterans from Iraq and Afghanistan who displayed indications of mental illness never received the proper treatment. Thus, customized therapeutic measures using animals have been introduced to aid in therapy.

Iannuzzi and Rowan (1991) reported that Animal Assisted Therapy (AAT) is centered on bettering life and using the animal as a therapeutic tool. This study will review the influence of wartime conflicts on psychological injuries, and the application of Animal Assisted Therapy (AAT) as therapeutic treatments for injured veterans. Equines (horses) and Equine Assisted Therapy (EAT) will be the focal points of this research and discussion. Equine Assisted Psychotherapy (EAP), one form of EAT, has been used to help with many types of mental health and human development (Tetreault, 2006; Shultz, 2005).

### **Problem Statement**

The world as they knew it changed when veterans served their country in a time of war. Returning veterans have their own experiences during war-time service and are often left with impressionable scars on their lives and their souls. According to Alarcon (2014), one former Service Member commits suicide every 65<sup>th</sup> minute of the day.

According to Saratoga Warhorse (2014), one percent of Americans volunteer to join the military, twenty percent of this population make up the suicide population. Returning veterans need individual psychological and medical follow up care and consultation, and Equine Assisted Therapy (EAT) is one alternative counseling program.

Some of the psychological and emotional challenges that many veterans face before EAT sessions include fear, trauma, anxiety, anger, and loss of trust (Moore, 2015). But what are the other underlying concerns that veterans will *not* discuss or show? And if they do not discuss concerns or struggles or show their concerns, how can they be helped to do so? For some, EAT can help address concerns and struggles, not to “cure” the veteran, but to help him/her walk through life more easily.

After parts of their lives are dramatically altered, many readapting veterans face a multitude of struggles. To make their lives more endurable, many need a refresher course in life skills. For some of these veterans, a strong human-animal bond or, in this case human-horse bond, can be an effective alternative to traditional psychotherapy. From the created bond, horses take on the role of a parent who comforts their children in multiple ways including comforting fear and anxiety (McConnell, 2010). Feelings conjured by the human–animal bond can help reintroduce feelings that were lost in the veterans’ lives. The process will not be fast, nor will it be painless, but Equine Assisted Therapy is an intervention that reportedly has unique effectiveness for some individuals (Labbe, 2012).

### **Rationale**

As the result of multiple psychological conditions that are inflicted by war, the need for veterans’ well-being is ever evident. “PTSD changes the body’s response to stress, often making it difficult for PTSD victims to live their lives as they normally would” (Stokes, 2013, p. 1). It is possible to touch individuals who do not react to traditional therapy with a different type of therapy. It is recommended that veterans besieged with these same symptoms could benefit from therapy with animals. Renson (2010) concluded that animals have delivered numerous benefits to people using therapy. The benefits that animals offer in helping veterans break down the

walls that are built from wartime experiences are astounding (Alers & Simpson, 2012). Renson (2010) noted that levels of loneliness and depression decreased, while levels of trust increased from Equine Assisted Therapy (EAT).

The central reason this type of therapy is effective is due to the power that the animals bring with their instinctive traits (Iannuzzi & Rowan, 1991). Prothmann, Bienert, & Ettrich (2006) wrote that, “animals alter the atmosphere in the run up to the actual therapeutic treatment in such a manner that the development of a therapeutic relationship could be catalyzed and deepened” (p. 275). Life altering emotions are possible with AAT that could not be possible with a human therapist. AAT is used to illustrate the importance of laughter and joy during counseling sessions (Fine, 2000). Barker and Dawson (1998) indicated that animal interactions with humans have been shown to decrease human stress and enhance mutual trust.

### **Purpose of Study**

The purpose of this study is to examine the positive changes and challenges experienced by veterans who utilize Equine Assisted Therapy in their recovery process after wartime. The impact of EAT will be qualitatively addressed.

Interview questions have been developed in conjunction with the literature review. This study is phenomenological in nature and thus accurate and detailed qualitative data is vital for a meaningful end result.

### **Research Objectives**

#### **Research Objective One**

Describe the veterans’ backgrounds pertaining to:

- a. Gender;
- b. Military Branch;

- c. Military Job Title;
- d. Years of Service;
- e. Type of service (Active, Reserve, or National Guard);
- f. Military Medical Diagnosis.

#### Research Objective Two

Describe veterans' injuries and/or trauma received during their wartime service.

#### Research Objective Three

Explain the type of Equine Assisted Therapy that veterans are using and their perceptions of the effectiveness and challenges of the therapy.

### **Definition of Terms**

The following definitions of terms are offered to assist in the understanding of the study:

Animal Assisted Activity (AAA) – “provides opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance the quality of life. AAAs are delivered in a variety of environments by specially trained professionals, paraprofessionals, and/or volunteers in association with animals that meet specific criteria. Key features include absence of specific treatment goals; volunteers and treatment providers are not required to take detailed notes; visit content is spontaneous” (Shubert, 2012, p. 75).

Animal Assisted Therapy (AAT) – “intentional and therapeutic, whereby the animal's role is integral in assisting with mental health, speech, occupational therapy or physical therapy goals, and augments cognitive, physical, social and/or emotional well-being. Their criteria for AAT include the following: the animal must meet specific criteria that fit the therapeutic goals; the animal is considered a necessary part of the treatment; therapy is directed by a qualified professional or practitioner; therapeutic intentions include physical, social, emotional, or

cognitive gains; therapy can occur in group or individual sessions; and, all treatment must be documented and evaluated” (Cole, 1986, p. 5).

Anxiety Reduction – “many studies of human-animal interaction indicate that contact with animals significantly reduces physiological anxiety levels. Some patients are initially afraid of horses. But horses’ genuineness and affection allay these fears, helping patients to embrace exposure therapy for their anxiety issues” (Sader, N.D., p. 2).

Assertiveness – “communicating effectively with a horse requires the rider to demonstrate assertiveness, direction, and initiative, important skills that enable the patient to express her needs and rights more effectively in other relationships” (Sader, N.D., p. 2).

Biophilia – “the innately emotional affiliation of human beings to other living organisms” (Wilson, 2008, p. 249).

Boundaries – “many patients have experienced prior relationships as controlling or abusive. Healing takes place as patients discover that riding occurs within the context of a respectful relationship between a rider and a horse, and that, although physically powerful, each horse typically operates within the boundaries of this mutually respectful relationship” (Sader, N.D., p. 2).

Communication – “horses’ sensitivity to non-verbal communication assists patients in developing greater awareness of their emotions, the non-verbal cues that they may be communicating, and the important role of non-verbal communication in relationships” (Sader, N.D., p. 2).

Confidence – “the learning and mastery of a new skill horsemanship—enhances patients’ confidence in their ability to tackle new projects, such as recovery, and leads to improved self-esteem” (Sader, N.D., p. 2).

Creative Freedom – “many persons with mental illness have been emotionally inhibited or over-controlled, and have lost some measure of spontaneity. The playful aspects of riding and team equine activities can help restore spontaneity and ability for healthy recreation and play” (Sader, N.D., p.2).

Curative – “the individual is expected to overcome the problem completely and return to a life similar to prior to treatment” (Relf, 2006, p. 321).

Decreasing Isolation – “for many individuals with mental illness, there is a long-term or recent history of feeling rejected by, and different from, other people. Mental illnesses are intrinsically isolating experiences. The horse’s unconditional acceptance invites patients back into the fellowship of life” (Sader, N.D., p. 2).

Enrichment – “the individual is expected to respond to treatment with an improved quality of life within the treatment setting” (Relf, 2006, p. 321).

Equine Assisted Learning (EAL) – “is an approach to human development through therapeutic horsemanship. Participants engage in non-riding activities and learn alternate skills to draw from when faced with challenges. In recognizing a horse’s ability to read and understand human body language, EAL can provide insights into the physical manifestations of any inner conflicts and a pathway to change the ‘inside’ by changing the ‘outside’. The lesson is that the horse is doing exactly what the human body is telling it to do and if the human changes, the horse responds differently. The size of the horse also offers an opportunity for some to overcome fear and develop confidence” (Kuropatkin, 2013, p. 33).

Equine Assisted Psychotherapy (EAP) – “involves equine activities as part of a psychotherapy session conducted by a licensed mental health counselor in collaboration with an equine specialist in mental health and learning. The focus of EAP is the client’s reactions and behaviors

through the process of interacting with the horse. EAP can be used to better deal with trauma and loss, develop a sense of self, increase levels of trust, establish boundaries, and create awareness of the needs of living creatures through responsible care of the horse” (Kuropatkin, 2013, p. 34).

Equine Assisted Therapy Program (EAT) – “equine assisted psychotherapy is an emerging form of therapeutic intervention in which horses are used as tools for clients to gain self-understanding and emotional growth. Equine assisted psychotherapy is a type of animal assisted therapy, a field of mental health that recognizes the bond between animals and humans and the potential for emotional healing that can occur when a relationship is formed between the two species. These activities are most often performed on the ground (rather than riding), and include such things as grooming, feeding, haltering, and leading the horse. During the process of working with the horse, the therapist and veteran engage in talk therapy, processing feelings, behaviors, and patterns. The ultimate goal for the client is to build skills such as personal responsibility, assertiveness, non-verbal communication, self-confidence, and self-control” (Sader, N.D., p. 1).

Equine-facilitated learning – “develops skills that clients use in the classroom” (Boatwright, 2013, p. 76).

Equine-facilitated psychotherapy – “includes a mental-health therapist working with an equine specialist and a client to treat mental illnesses and issues” (Boatwright, 2013, p. 76).

Hippo therapy – “uses the movement of the horse to elicit some change in the client; this therapy could encompass physical therapy, occupational therapy, and language therapy” (Boatwright, 2013, p. 76).

Human-Animal Bond – “is ‘the psycho physiological effects of human–animal interaction’” (Virues-Ortega & Buela-Casal, 2006, p. 52).

Human Companion Animal Bond (HCAB) – “relationship between animal and human counterpart that draws and elicits diverse health and social needs and fulfillment” (Ormerod, Edney, Foster, & Whyham, 2005, p. 689).

Improvised Explosive Device (IED) – Explosive used to disarm vehicles and/or individuals. Made from any material to hide contents and intent.

Impulse Modulation – “particularly for those whose mental illness involves the experience of lost control over impulses, the need to communicate with a horse calmly and non-reactively promotes the skills of emotional awareness, emotion regulation, self-control, and impulse modulation. Research clearly indicates that animal assisted therapy reduces patient agitation and aggressiveness and increases cooperativeness and behavioral control” (Sader, N.D., p. 2).

Intellectual – “positively influences knowledge, skill development, memory, thought organization, verbalization, etc.” (Relf, 2006, p. 322).

Non-treatment – “unstructured or undefined” (Relf, 2006, p. 323).

Perspective – “through grooming activities and other types of care for a specific horse, patients are able to put aside the absorbing focus of their mental illness, such as depressive ruminations, and instead to direct their attention and interests outwardly toward safe and caring interactions” (Sader, N.D., p. 2).

Physical – “positively influences the function of the body’s systems or the body as a whole, from building muscular strength to movement rhythms, from weight loss to fine motor skills. (For example, the horse’s walk provides sensory input through movement, which is variable, rhythmic and repetitive.)” (Relf, 2006, p. 322).



Post-Traumatic Stress Disorder (PTSD) – the psychobiological response that surfaces due to unsettled bodily and psychological reactions in the aftereffects of life altering traumatic experiences (Sharev, Bonne, & Eth, 1996).

Psychological – “improving the emotional response to our immediate environment and perceived conditions. This may take different forms including psycho-physiological (measurable by the body’s response such as lower blood pressure in response to lower stress), psycho-social (self-reported measurements such as reduced feelings of anger after viewing plants) or psycho-cognitive (observation increased attention to task in presences of plants)” (Relf, 2006, p. 322).

Rehabilitation – “the individual is expected to improve with treatment and maintain a quality life outside of treatment setting with a maximum level of functioning or to gain control through medication or behavior modification that allows maximum functioning” (Relf, 2006, p. 321).

Responsive – “the plants and/or animals are responsive to the individuals in the treatment program but completely dependent on others for care, i.e. visiting pet” (Relf, 2006, p. 323).

Self-Acceptance – “many patients are initially concerned that they will do something embarrassing while learning about or riding the horses. Yet patients quickly learn that the other participants are engaged in their own equine experiences, and they observe the comfort of the horses in their own skin. Fears of embarrassment in public are thereby often reduced and self-acceptance increased” (Sader, N.D., p. 2).

Self-Concept – “riding helps patients to develop a more realistic view of themselves through awareness of their size in relation to the horse. This is especially important in treating patients with eating disorders as well as those with interpersonal aggression problems” (Sader, N.D., p. 2).

Self-Efficacy – “learning to communicate and achieve harmony with a large animal promotes renewed feelings of efficacy. A motivated ‘I can do it!’ replaces feelings of helplessness and motivation, empowering the person to take on challenges in other areas of recovery” (Sader, N.D., p. 2).

Social – “enhanced interaction with other individuals for stronger bonding to individuals and community. This may be as simple as increased eye contact or time spent in the presences of others” (Relf, 2006, p. 322).

Social Skills – “many individuals with mental illness are socially isolated or withdrawn. A positive relationship with a horse is often a first, safe step toward practicing the social skills needed to initiate closer relationships with people” (Sader, N.D., p. 2).

Spiritual/philosophical – “enhanced perception regarding the value and meaning of life” (Relf, 2006, p. 322).

Supportive – “the individual is expected to function semi independently with support in employment and/or daily life activities” (Relf, 2006, p. 321).

Therapeutic driving – “employs a horse and cart; patients are taught to drive a horse-drawn cart with a therapist” (Boatwright, 2013, p. 76).

Therapeutic Horsemanship – “for individuals with impaired mobility, riding rhythmically moves their bodies in a manner similar to a human walking gait contributing to increased balance, mobility, coordination, and physical strength. While mastering the skills necessary to ride successfully, attention, concentration, learning and verbal skills are further enhanced. The result is the combination of learning a rewarding activity while attaining the best physical and functional levels possible” (Kuropatkin, 2013, p. 33).

Therapeutic riding – “teaches adaptive riding skills to a client with disabilities that include physical, cognitive, and mental-health issues” (Boatwright, 2013, p. 76).

Therapeutic or interactive vaulting – “uses vaulting activities to teach teamwork and cooperation, behavioral lessons, and speech and language” (Boatwright, 2013, p. 76).

Traumatic Brain Injury (TBI) – “is a nondegenerative, noncongenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness” ([emedicine.medscape.com/article/326510-overview](http://emedicine.medscape.com/article/326510-overview)).

Treatment – “written, measurable goals for an individual with a diagnosed problem in a treatment setting addressing that problem” (Relf, 2006, p. 321).

Trust – “learning to trust an animal such as a horse also aides in the development, or restoration, of trust for those whose ability to trust has been violated by difficult life experiences such as physical or sexual abuse, abandonment, neglect, or marital infidelity” (Sader, N.D., p. 2).

## CHAPTER 2: REVIEW OF LITERATURE

### **History of Animal Assisted Therapy**

Animal Assisted Therapy (AAT) has been documented through the footpath of history as being used for therapeutic measures in various settings. Arkow (2004) and Bustad and Hines (1984) concluded that animals were the *thérapie naturelle* for handicapped patients in the 9<sup>th</sup> century. Some of the noted experiences that occurred in the beginning of history are vague yet prove that AAT was evidently present. The animals aided the patients in a time of despair and of prejudicial treatment of impaired individuals.

Wilson (2008) wrote that archaeologists found a 12,000-year-old human skeleton embracing a puppy skeleton in northern Israel. When the skeleton was discovered it was speculated that the human was clutching the puppy in a time of need Wilson (2008). According to Shubert (2012) the antediluvian Egyptians, Romans, and Greeks used animal therapy. Besides using animals for a crowd driven show, the Greeks sought the use of animals for more than just a sport spectacle. Blender (2009) reported that in ancient Greece dogs were considered as “cynotherapists” or healers (p. 7). In her study, Blender (2009) also indicated the dogs were believed to have tremendous healing powers.

Throughout periods of history there are documented cases that show that AAT has helped people with diverse injuries master their difficulties. One institution that was built specifically to aid with mental health care was the York Retreat in Lamill Hill, York, England. Blender (2009) wrote that the York Retreat opened its doors in the 1790s. According to Jones (1985) along with Netting, Wilson, and New (1987), the retreat was known to have blazed the path for using animals in a therapeutic manner for psychiatric patients. It had a profound impact on the treatment of patients and the use of animals in therapy (Blender, 2009). Another example

of AAT using equines was in the 1800s (All, Loving, & Crane, 1999). Doctors ordered people with physical and psychological illnesses to start riding horses (All et al., 1999).

Countries other than the United States have used horses for their therapeutic benefits. According to Engel and Mackinnon (2007), the first study of therapy riding was reported in 1875 and the various benefits that helped others physically and psychologically were highlighted. Benda, McGibbon, and Grant (2003) reported that since World War I, the Germans have incorporated the use of horses into their rehabilitation program. German doctors believe that horseback riding would reduce hypochondria and hysteria associated mental illnesses (Riede, 1998).

The Germans developed their own facility for their AAT program. In 1867, a live-in facility for epileptics was built in Bielefeld, Germany, that used animal therapy from day one (Blender, 2009). According to McCulloch (1982) the facility is still open today with multiple working farms, an abundance of small animals, and horseback riding. It is believed that the German farm paved the way for AAT in an institutional setting. Animals were used in an attempt to lower the use of narcotics and restraints by patients. The human-animal bond of this therapy was designed to help the less confident and meek individual. With the changing of the medical world at that time, a few individuals established themselves as advocates for AAT.

Florence Nightingale was an iconic figure in the world of humanity and medicine (Bio, 2015). A nurse who dedicated her life to the care of patients, specifically the severely wounded, she was given the name of the lady with the lamp (Bio, 2015). Nightingale sought improved sanitary conditions when caring for the wounded soldiers from the Crimean War (Selander, N.D.). She pursued this level of care throughout her career and life. Williams and Jenkins (2008) remarked that Nightingale used therapy animals with her patients through the duration of

her career. The therapy focused mainly on the use of dogs to aid with patients of all diagnoses. According to Fine (2006), Nightingale said that a small pet “is often an excellent companion for the sick, for long chronic cases especially” (p. 13).

As one of the paramount founders in psychology and psychoanalysis, Freud discovered the imperial use of AAT (Blender, 2009). During his prestigious life as a psychoanalyst, Freud achieved and accomplished much; at the end of his prodigious life, Freud was acknowledged to have had his dog with him during his analysis assemblies (Shubert, 2012). At the onset of his therapy session, his dog may not have been involved in the sessions, but was merely a relaxation device for him. Freud noticed that his dog’s company gave his patients feelings of security and acceptance (Coren, 2002). These feelings that his patients seemed to develop supported his analyses.

Another individual who used AAT was Boris Levinson. According to Shubert (2012), Levinson was considered to have pioneered the beginning of AAT. Shubert (2012) noted that Levinson’s dog established a relationship with his patient by accident. This human-animal bond relationship helped Levinson build his own relationship with his patient (Shubert, 2012). His initial thoughts that his dog and a patient together was a mistake, actually was revolutionary.

Velde, Cipriani, and Fisher (2005) reported that the U.S. Military supported the use of dogs in hospitals in 1919. Following their model, other branches of The United States military followed their lead. In the 1940s, Pawling Army Air Force Convalescent Center, Pawling, NY, reported using AAT (Bekoff, 2007). The center treated emotionally troubled veterans during their recovery.

Facilities that provide AAT have more than just small animals and horses. Many breeds and species of animals can be found within the perimeter fences of a farm. As noted by

Chumley (2011), farm animals were used as treatment for the emotionally traumatized veterans. With the great success and rapid movement of health progression of some veterans the focal point of the animal is not forgotten. “The main purpose of these programs involves bringing smiles to the patients, family members, and hospital staff. In doing so, patients focus on the animals which may help alleviate their fear, anxiety, or pain. Often, the hospital staff reports an increase in interaction with the patients associated with animal visitation programs” (Chumley, 2012, p. 19).

These declarations of information show some examples of the history of AAT. In the decades since these studies and discoveries about the benefits of AAT, progression has been effective and great. The majority of data documents further treatment for those who require more variety in treatment. “Animal assisted therapy was associated with reduced state anxiety levels for hospitalized patients with a variety of psychiatric diagnoses” (Barker & Dawson, 1998, p. 701). Becker (2002) noted that animals increase quality of life by providing support, trust, and companionship.

### **Animal Assisted Therapy (AAT)**

AAT acts as a catalyst for emotion that will specifically illustrate the importance of laughter and joy during counseling sessions (Fine, 2000). Animal assisted therapy is beneficial to people who walk different avenues and AAT’s benefits have knocked down many walls that were put up through the years from anguishing circumstances. According to Prothmann, Ettrich, and Prothmann (2009), individuals with dissociative disorders, post-traumatic stress disorder, crack addicted babies, children with speech problems, learning disabilities, chemotherapy patients, cancer patients, autism, disruptive disorders, Alzheimer’s patients, substance addiction, behavior disorder, young offenders, AIDS patients, and sexually abused children and adults have

been treated with AAT. Animals can provide peace and solace and can soothe with an abundance of comfort.

Iannuzzi and Rowan (1991) reported that AAT is centered on bettering life and that the animal is a therapeutic tool. Prothmann et al. (2006) established that, “animals alter the atmosphere in the run up to the actual therapeutic treatment in such a manner that the development of a therapeutic relationship could be catalyzed and deepened” (p. 275). Cole, Gawlinski, Steers, and Kotlerman (2007) reported that minutes with therapy dogs improved the patient internally. AAT is used to help many people who suffer and/or cope with various ailments with which they contend in their lives. Prothmann et al. (2009) noted that some of these individuals are recovering from cancer treatment, or handling issues of abuse by which they were traumatized as children. Others suffer from conditions with which they were born: drug addictions, speech impairments, etc. (Prothmann, Ettrich, & Prothmann, 2009). Mallon (1994) concluded that:

Traditional forms of therapy, which rely on talking and trusting, sometimes fail children who are mistrustful of adults. The cow on the farm may in fact be the best therapist a child can have while in treatment. The cow, and other farm animals can become a companion for the child, one in whom he or she can confide all of his or her misgivings, heartaches, and pains. The cow and other farm animals can serve as the catalytic agent that brings the child and the therapist together (p. 470).

Animals provide numerous positive benefits to the lives they encounter on a daily basis (Renson, 2010). Becker (2002) noticed that animals could raise one's quality of life, particularly with the elderly, with support, trust, and companionship. Regardless of whom or what is being treated, AAT is an effective form of therapy. AAT has been able to open new doors and close previous misconceptions regarding veterans' health. Psychosocial benefits include: improved



self-confidence, self-esteem, emotional control, interpersonal skills, and a shift in locus of control and a sense of normality (Norbeck, 2009).

Animal assisted therapy was associated with reduced state anxiety levels for hospitalized patients with a variety of psychiatric diagnoses, while a routine therapeutic recreation session was associated with reduced levels only for patients with mood disorders (Barker & Dawson, 1998, p.797).

Macaulay (2006) wrote that AAT improves one's speech when used as the therapy of choice. This finding alone could greatly impact the rehabilitation process of many veterans. Since veterans are more likely to open up to others who have been in similar situations, Renson (2010) noted that this could build veterans' communication skills when interacting with others and thus put more effort towards their recovery.

Concluding that animals are seen as therapeutic tools (Iannuzzi and Rowan, 1991), opportunities are provided for motivation, education, recreation, and/or therapeutic benefits with animal assisted activities to enhance the quality of life (Fike, Najera, & Dougherty, 2012). The patient is focused on the animal, a non-threatening being. Focused on the animal's presence, the patient talks to the animal [the catalyst], under observation by the therapist; thus animals become an object with which the individual may project or recognize (Reichart, 1988). This bond helps the individual mature in the healing process. According to Williams and Jenkins (2008) and Brodie and Biley (1999), the bond does amazing things for improving health in humans. Barker and Dawson (1998) indicated that animal interactions with humans have shown to decrease stress and enhance trust. This use of animal therapy has been acknowledged to aid returning war veterans dealing with their injuries from war.

Concerned with the issues of judgment, loyalty, anxiety, and trust of other humans, many veterans keep up their guard. Since veterans deal with major fears and anxieties from their

experiences, it is best that they do not feel threatened. “It was found that the session with the animal reduced both fear (by 37 %) and anxiety (by 18%) compared to the session with magazines” (Blender, 2009, p. 26). Individuals will holster their feelings and attempt to cope with their hidden demons. According to the United States Army (2012), most veterans turn to alcohol and/or drugs, self-helps that perpetually hinder and impair their personal and family life. According to Yount, Olmert, and Lee (2012), many veterans take a variety of prescription drugs. AAT acts as a catalyst for emotion that will specifically illustrate the importance of laughter and joy during counseling sessions (Fine, 2000).

It is possible that AAT primarily brings about reminiscence and comfort due to the immediate socialization that one experiences when interacting with pets. Recollection of memories related to past personal experiences with pets may provide a transient state of emotional well-being (Beck, Gonzales, Sell, Jones, Reer, & Zhu, 2012, p.43),

which helps subside substance use and abuse.

The process is tough and grueling, but the overall effect to life is worth the tears and battle.

### **AAT and Veterans**

Returning veterans often seek avenues other than therapy to alleviate their anguish. Yount et al. (2012) summarized that prescribed narcotics heavily influence the number of suicides in the Army; the alarming number of suicides is another reason why AAT should be prescribed, administered, and utilized for veterans.

Veterans who suffer with ailments other than psychological and physical ones benefit from the profound effects AAT. Renson (2010) posited that animals could greatly impact veterans' lives with AAT treatment. “Soldiers returning from the wars in Iraq and Afghanistan often bear the hidden scars, now called the ‘signature wounds’ of combat: post-traumatic stress

disorder and traumatic brain injury” (Hemmerly-Brown, 2011, p. 22). Tanielian and Jaycox (2008) indicated that 20% of the Iraq and Afghanistan veterans came home with indicators of PTSD or depression. “For veterans struggling with stereotypes and stigma, animals might prove to be a non-judgmental companion in therapy” (Renson, 2010, p. 11). The fears of judgment and labels are walls that veterans face daily. They may not want an outsider to pass judgment or label them for the experiences they encountered. Pointon (2006) observed that while people judge from stereotypes, animals react honestly, far from any social bias behavior. Sharing with anyone who is not of military affiliation is unusual, and veterans often refuse to open up to just anyone and bottle up their feelings and experiences. “Warriors don't open up easily about what's going on inside their heads” (Labbe, 2012, para. 11). As Pointon (2006) pointed out, animals do not judge; they only react to what is present, a characteristic that veterans have in common with animals because of their military training.

Many veterans are reclusive towards to others because of scenes that were vividly experienced and forever ingrained in their psyche. “The false expectations and stereotypes that keep many veterans silent have to be addressed in order to open the door for more veterans in need of help” (Renson, 2010, p. 26). Many veterans come back from the war plagued with agonies that often only they know and share with very few. Barker and Dawson (1998) noted that animals’ interactions with humans have been shown to decrease stress and enhance trust. Opening up to others is often compromised by veterans’ inner fears. AAT can help with those fears as animals do not judge outside of a natural sense of good or bad, making them a superb catalyst for veterans to help remove themselves from an inner darkness. As noted by Renson (2010), animals can reassure veterans who have exiled themselves that no judgment will be displayed.

The beauty of AAT is the setting in which the therapy takes place. “This helps those veterans who have a difficult time transitioning after being in a situation where they were constantly on the lookout for explosives, snipers, and other threats that could surprise or harm them” (Stokes, 2013, para. 6). Within the sessions, new feelings and old ones are revitalized. “These sessions provide a sense of accomplishment for the Wounded Warriors and can improve cognitive, emotional, and social competence” (Yeager & Irwin, 2012, p. 59).

Former Army psychiatrist Colonel Elspeth remarked, "The potential for animals to be another form of alternative medicine is enormous" (Thompson, 2010, para. 9). This statement, from a retired Army provider who daily dealt with psychological diagnoses, supports the imperative that deep consideration be taken to recognize AAT as an alternative means for treatment. Horses, service dogs, and even dolphins are used as pre-narrative facilitators for soldiers with PTSD (Genovese, 2013). Cole (1986) stated that interaction with an animal often changes views towards the immediate environment. “Animal assisted therapy has shown evidenced-based efficacy in patients including war veterans with PTSD, depression, anxiety, attention-deficit/hyperactivity disorder, conduct disorders, dissociative disorders, and other chronic mental illnesses” (Sader, N.D., p. 2). As veterans gain back pieces of what was ripped from them, their lives and their families’ lives improve. As noted by Macauley (2006) and Klontz, Bivens, Leinart, and Klontz (2007), equine -assisted therapy (EAT) allows individuals to close problem chapters of issues in their lives.

There is no overnight success during treatment. Cole (1986) expressed that the time and the effect of this process depend on the client. “This is especially true for military families” (Renson, 2010, p. 23). The unknown of when the first sign of mental and physical progress

demands that one should be aware of any changes. Recording any and all signs of positive effects and progression in an AAT session is imperative to research.

### **Effects of AAT**

The presence of an animal will often change the atmosphere. Becker (2002) stated that embracing an animal reduces signs of harmful actions while leveling the individual emotionally. The animal has to invite and accept the individual into its space. The human body begins to alter itself when this happens. Lefkowitz, Paharia, Prout, Debiak, & Bleiberg (2005) remarked that social skills are not needed for reliable AAT sessions. “In addition, working with animals can lead to increased feelings of self-efficacy and accomplishment, which, in turn, lead to more positive self-regard” (Shubert, 2012, p. 24). Animals can deliver long-term relief from any anxieties and/or stress with feelings of love without obligations and/or fear of judgment (Lefkowitz, Paharia, Prout, Debiak, & Bleiberg, 2005).

When dealing with veterans, animals can detect any harmful activity, a sense that could put the veterans at ease. Animals’ raw, unadulterated responses are comforting as they help veterans who do not discuss their issues, especially those veterans who display uneasiness and signs of fear in a public setting. The healing powers of pets and animals offer confidence for veterans who feel excluded by the mental illness from which they suffer (Renson, 2010). “Animals are seen as useful in changing such behavior because, unlike many people, their feedback is both quick and honest” (Shubert, 2012, p. 24). Even if the veterans are not able to fully engage and interact, there is an overall positive effect.

### **Human-Animal Bond**

Both the animal and the veteran benefit from the therapy. The American Veterinary Medical Association (2009) stated that the benefit from the human-animal bond is a powerful

relationship between the two that is based on behaviors that influence health and longevity.

Williams and Jenkins (2008) and Brodie and Biley (1999) proclaimed that the bond does amazing things for lowering health levels in humans.

The simple maintenance of the animal, including daily walks, is the supporting factor that weaves a tightly knit bond (Brodie & Biley, 1999). The bond is the core of the relationship, between the human and animals, providing both psychological and physical benefits (American Veterinary Medical Association, 2011); (Purdue, N.D.). The animals express their love by constantly following or putting themselves between the human and others who approach. The animals show that they will put themselves in possible harm's way for their friend. This love stems from the bond created and built with humans. Williams and Jenkins (2008) concluded that the humans play a big part in the relationships that they build with animals by the noble acts they do for them, particularly by letting the animal into their world as the animal has allowed them into its world.

### **Human-Horse Bond**

Their colors are basic with touches of majestic markings of various shades and depths. With sizes ranging from small to enormous, they are all built with the same common core. The horse has always been a sign of freedom, as they once ran free across the wilderness plains. With their capture and domestication, their purpose changed and they were used as a tool for personal gain; their true and full purpose will never be understood if they are labeled as a tool.

From the beginning of time as a basic necessity, to the present equine athletes and pleasure companions, horses continuously impact the lives of humans by fulfilling needs (Hanggi, 2005; LaFollette & Shanks, 1995). The only true way of embracing and knowing their

core is by bonding with them, which is not always easy or fast. The horse determines if he or she wants to start the said bond with a person.

If a client is struggling with boundary issues and moves too close to a horse, the horse will take care to protect its space. Because horses are social animals, they have the capacity to teach social and relational skills because that is their basic mode of survival (Selby, 2009, p.16).

If the initial encounter response from an individual is one of resentment or anger, the horse will first turn its back. One woman provided the following example of a horse in its stall: “If you have all this frustrated spinning, chaotic energy going on...they pick up on that... They are going to back up. They are going to ignore you” (Meinersmann, Bradberry, & Bright, 2008, p. 40). Horses want to make the bond once they are comfortable, but if they sense something is out of order, they keep a suitable amount of distance between them and the assumed threat. Once the individual’s attitude changes, then the horse will allow him or her to join up – to start the bonding relationship. “Horses mirror moods, too; they respond negatively to negative emotions, teaching the veteran that his behavior can affect others, and making it necessary to modify behavior in order to work successfully with the animal” (Sader, N.D., p.1).

Horses are curious by nature and within their herds/bands horse play is a daily activity. With the start of the bond, the horse will be the first to initiate a game. In this game the horse is sensing what the individual is like, and to what distances it can and will push. The horse’s behavior may trigger an emotional response within the individual (Russell, 2003). If the human interprets the behavior as a need or a want, they will get closer with the horse (Russell, 2003). When the returned response is one of love and fun, then the bond is binding, like a written contract. The human has found a way that the horse respects and is intrigued to learn more. This

is later reinforced with love from both in the bond, never from fear or hatred. With the initial flame sparked, the fire grows from constant interactions between the two.

The bond that is created in EAT is difficult to explain but it is viable. The relationship formed within the bond consists of love, nonjudgmental loyalty, and the role of the animal being the confidant (Netting, Wilson, and New, 1987; Fine, 2006; Williams, & Jenkins, 2008). The individual lives for the feedback from the counterpart - the horse. Totally focused on the other and ignoring their surroundings, these two true forms of devotion develop through the healing progression, an almost synonymous act at times. Tyler (1994) declared that working with horses could possibly break down the defensive barriers and require the client to work through old and new problems that traditional therapy cannot.

As animals of prey horses are not easily influenced by many; trust is not easily given, with respect being demanded in order to give respect (Baugh, 2009). Body language is the horse's main mode of communicating with each other; Hallberg (2008) cited that a horse can read the slightest change in body language. Since horses band into social parties, they rely upon each other to do many things. "They have a variety of 'herd dynamics' such as pushing, kicking, biting, squealing, grooming one another, and grazing together" (Sader, N.D., p.1). Since grooming is part of EAT sessions, the horse welcomes in the human with this ritual act. The gentle touch and love that comes from a human during grooming is social acceptance in the horse world (Keaveney, 2008). "Such activities as talking, petting, grooming, or meeting the needs of the animal can help the patient's state of mind" (Matuszek, N.D., p. 198). Also, the horse sees the human as another kindred soul helping another.

"The horse-human relationship, when enacted as esthetic engagement, as a form of creative expression, as metaphor, as art..." (Garcia, 2010, p. 86). The dynamic feelings and



abilities that come from the human-horse bond are unparalleled to many things in life. The horse-human relationship can help the individual's well-being and rapport with the community, one's self, and creating a maintainable environment (Garcia, 2010). Working to achieve this bond will and has deterred countless individuals from acting out in a negative manner. When the bond is established and built upon, the feelings and abilities are dynamic and forever lasting.

Tyler (1994) wrote that using the horse as a catalyst in many everyday activities should be repetitive and built upon. Toms (2010) reemphasized that the nature of the horse allows for them to be honest therapeutic tools, so relating to the feelings and of the needs of patients comes easily to them.

### **Benefits of Equine Therapy**

Equine therapy is the use of horses to help humans confront and manage issues in their lives. One of the more noted and traditional forms of equine therapy is hippo therapy, which uses the horse's movement to spur change in the patient (Boatwright, 2013). Hippo means horse in Greek, and combined with the word therapy becomes hippo therapy, which means treatment with a horse (Glasow, 2007). The concept of hippo therapy can be found in the early writings of Hippocrates, although it was not until the 1960s the Germans, Austrians, and Swiss developed formal hippo therapy. This therapy could include physical, occupational, and language therapies (Boatwright, 2013) that the patient undergoes in one-on-one sessions with a therapist (Violette & Wilmarth, 2009). The utilization of equine therapy helps veterans both emotionally and personally (Seaside, 2009) and rebuilds the patients' confidence, self-efficacy, and trust.

Chandler (2005) observed that horses chosen for therapy should be "well trained, calm, and friendly toward people and other horses. A therapy horse must not startle easily to noises or unfamiliar objects" (p. 31). The more acclimated or quieter the horse is to anything that could

startle it, the better suited is the horse for hippo therapy. Each horse goes through a rigorous set of tests to reassure that it is well suited for the job. The horse is exposed to a variety of loud noises, music, toys, and highly enthusiastic riders, as well as a multitude of teaching devices, thus making each session more pleasant and enjoyable for all (Horse Channel, 2015).

“New programs that assist veterans in healthcare management have been implemented, and the use of therapeutic horses for veterans is one of those important programs” (Asselin, Ward, Penning, Ramanujam, & Neri, 2012, p. 271). Among the various forms of equine therapy is Equine-Facilitated Psychotherapy (EFP). EFP is derived from AAT and is a more current approach utilizing horses in therapy. “The participants, who reported having been involved in other traditional therapy, described EFP as ‘intense’, ‘intimate’, ‘focused’, and ‘powerful’ in helping them affect change in their lives” (Ham, 2013, p. 19). EFP can only be instructed by a certified mental health professional who is trained in utilizing horses as part of their counseling (Taylor, 2001).

It can be used for psycho-social and mental-health needs that include anxiety, psychotic, and mood disorders; behavioral difficulties; mental illnesses such as schizophrenia, depression, and post-traumatic stress disorder (PTSD); and major life changes that include environmental changes, divorce, grief, and loss (Boatwright, 2013, p.74).

“Horses are intuitive and with honesty, they mirror/reflect what the clients puts out and needs back” (McConnell, 2010. p. 142).

Equine Assisted Psychotherapy (EAP) focuses on living in the now. EAP has been used to treat various issues of mental health and human development (Tetreault, 2006; Shultz, 2005); it challenges issues that the individual is dealing with currently in time. As more issues are confronted, it is easier to resolve future issues. An example of this is a patient who suffered from anger issues and who has difficulty relaxing. The movement of a horse and the physical

environment of nature helped calm the patient. “Psychotherapy involving horses has the singular advantage of therapeutic touch in a manner not possible with smaller companion animals, or for obvious ethical reasons, with the therapist” (Selby, 2009, p. 17). Individual sessions are structured so that all parties are equally involved. EAP supports using the ground work technique that gives the patient opportunities to make solutions with the horse (Kersten & for Thomas, 2004). In EAP, a patient must remain in control and pay attention to details. By letting the individual ride in a saddle, the horse allows the individual to acquire and display dominance, an important aspect, but not the driving goal of EAP. Other issues addressed by EAP are mood disorders, attention deficit disorders, relationship and communication issues, behavioral disorders, substance abuse and chemical dependency, eating disorders, childhood abuse issues, and post-traumatic stress disorder (Tetreault, 2006; Shultz, 2005).

According to Brooke Knox, director of Heroes for Horses, “Warriors don't open up easily about what's going on inside their heads” (Labbe, 2012, para. 11). This knowledge helps the therapist prepare an array of tactics to aid in the therapy sessions. “EAP has been a treatment option for combat veterans with PTSD since approximately 2002” (Masters, 2010, p.15). “The horses are a way to get beyond the defense mechanisms” (Labbe, 2012, para.11). By caring for, riding, and communicating with the horse, the veteran’s assertiveness, responsibility, and confidence are rejuvenated (Seaside, 2009).

There are a numerous strengths and challenges when involving horses in therapy. For instance, the novelty of the horse can incite interest and involvement for many clients who may otherwise lack motivation to participate in therapy (Cole, 1986). Chandler (2005) also suggested that self-confidence is built when the individual interacts appropriately with such a large animal. The feelings or reactions that one experiences as a response to their own senses can provide a

space for dialogue within which the patient and therapist can work. Additionally, physical, emotional, and mental changes can be observed from interactions involving equine therapy (Gergley, 2012).

Equine therapy has proven to be effective with many kinds of diagnoses.

So whether it is a five-year-old with autism, a veteran dealing with PTSD, or a senior citizen battling dementia, research shows that individuals of all ages who participate in EAT can experience physical and emotional rewards through the unique relationship formed with the horse that can lead to increased confidence, mobility, and self-esteem (Kuropatkin, 2013, p. 33).

Equine therapy could play a major role in psychotherapy, since psychological damage is one of the biggest ailments of returning veterans (Sader, N.D.). Therapists widely note the great impact horses can have on veterans. When dealing with veterans in their recovery stages, the BLUF (bottom line up front) is also warranted. And the horse's honesty is welcomed.

### **Metaphors in EAP**

Horses' depend upon their natural instincts and survival techniques. To survive in the wild, a horse needs to belong to a band/herd. If it fails to belong to one, then it will perish.

Horses depend most upon their fight or flight instinct.

Being prey animals, horses experience this state most all of their existence and depend on it for survival, but as they are herd animals, they must also manage to learn effective communication and develop the means to cohabitate in their community or they will be isolated from the group which leaves them highly vulnerable to a variety of threats. This similarity between the combat veteran and the horse is a basic metaphor of the therapy (Masters, 2010, p.10).

In a dog-eat-dog-world, the life of the lone wolf is ultimately put in jeopardy. Veterans, too, need to belong to their own herd/band; isolation may hurt them. The needs of horses and men are connected on many levels.

Frewin and Gardiner (2005) noted that the lessons learned are the heart of EAP. “It is in relating these metaphors to personal situations that the practitioner may assist veterans in acknowledging and approaching their challenges and working toward positive change” (Masters, 2010, p.7). The easiest of tasks are placed upon the veterans when they are in sessions with the horse, but not everything is as easy it might appear. For instance, “the horses are free in an arena, and the first step in the process is to select a horse” (Masters, 2010, p. 7). Although selection might appear to be easy, the horse’s individuality is a huge factor in this task. It might sense something on the inside of the veteran that is unappealing to it and thus the horse makes it harder for the veteran to achieve his or her goal. Once the veteran discovers what the horse senses, he or she can change it and then the horse will redirect itself towards the veteran and join up with him or her. This is the beginning of the human-horse bond and starts the healing process. Masters (2010) remarked that each movement and reaction of the veteran is documented by the supervising officials to note the veteran’s progression in therapy.

### **Relational Theory**

The bond formed between the horse and an individual is known as a partnership by NARHA (2001) and is seen as a different method to customary mental health services (Simmons, 2001). The relationship that is created is one of a unique caliber; deep relational levels are reached between horse and man. “A relationship with the horse can be achieved from a series of sessions with the horse that builds into a positive relationship” (McConnell, 2010, p. 38). Horse and patient come to know each other and each other’s needs in a silent and motionless connection. Once the pinnacle is reached, both participants [horse and patient] are able to look at each other and speak silently.

## **Military Injury**

“U.S. Code Title 38 defines combat veteran as, ‘Any veteran who served on active duty...in a theater of combat operations...during a period of war...during the Vietnam era or after May 7, 1975’” (Congress, 2010, p. 1156). The trauma of war can affect anyone who has experienced it; as evidence of war’s effect, twenty-two veterans successfully commit suicide every day (Project 22, 2014). Any number is too high for this statistic and steps must be taken to reduce this number to zero. By reducing this number, we progress to helping those who have given selflessly. “An estimated 13 to 20 percent of the 2.6 million U.S. service members who have fought in Iraq or Afghanistan since 2001 may have PTSD” (Institute, 2012, p.1). Lack of support, both from family and society, causes returning veterans who agonize with PTSD to have more issues and suffer more.

According to Tanielian and Jaycox, (2008), veterans from Iraq and Afghanistan who display indications of mental illness never received the proper treatment. “The need for good treatment options is enormous: some 40,000 troops have been physically wounded in Afghanistan and Iraq, but 10 times as many exhibit symptoms of PTSD” (Thompson, N.D., p. 1). “The necessity for additional treatment options for veterans increases every day, with approximately 10,000 people injured or traumatized while serving in Iraq and Afghanistan. In addition, most living veterans have served during wars” (Norbeck, 2009, pp. 7-8). The need for a variety alternative therapy is of the utmost importance since everyone reacts differently to treatments. “Neurological deficits produce several symptoms including disordered social behaviors, uninhibited emotions, slowed cognitive processes, and the inability to multitask” (Corrigan & Cole, 2008, p. 271). With a slower functioning system, one’s version of self could

become clouded with anger and confusion. Corrigan and Cole (2008) noted that simple tasks are commonly found to be difficult, causing frustration.

“Be tough” or “Handle it on your own” are common platitudes that veterans encounter when they confronted with their wartime issues. From day one of their service and during deployments, military personnel are taught to figure it out, take care of business. But, the side effects of war are more often a too heavy load to deal with on their own. “Animal assisted therapy has shown evidenced-based efficacy in patients including war veterans with PTSD, depression, anxiety, attention-deficit/hyperactivity disorder, conduct disorders, dissociative disorders, and other chronic mental illnesses” (Sader, N.D., p. 2).

I will always place the mission first.  
I will never accept defeat.  
I will never quit.  
I will never leave a fallen comrade.  
(United States Army, 2014)

These four lines are from the United States Army Soldier’s Creed, the creed that every United States Army Soldier repeats daily and by which he/she lives. The final line, never leave a fallen comrade, is the promise that seems to be forgotten once military obligations are completed. “Soldiers returning from the wars in Iraq and Afghanistan often bear the hidden scars, now called the ‘signature wounds’ of combat: post-traumatic stress disorder and traumatic brain injury” (Hemmerly-Brown, 2011, p. 22). One in five deployed veterans live with PTSD. Masters (2010) remarked that veterans with PTSD often relive their traumatic experiences to the point that they isolate themselves from the world. The following excerpt is a dream experience that plague one veteran’s thoughts:

The screams echo in your head as you sprint to your rendezvous point. A Humvee flies into the air, having come into contact with a roadside bomb, and erupts into a ball of fire. The gunshots are deafening and the ringing in your ears aggravates you to the point of

insanity. You are running as fast as you can, when suddenly an enemy soldier accosts you from behind... (Sweaney, N.D., p. 1).

This is the dream that plays like a movie in the heads of many veterans whether their eyes are open or closed. Sweany (N.D.) remarked that United States veterans with PTSD struggle with related circumstances.

According to Friedman (2004), 7 million (30 %) veterans have PTSD. PTSD strives side by side with traumatic brain injuries (TBI). Multiple shocks to the cranium introduce and encourage both of them to inhabit the brain. "PTSD changes the body's response to stress, often making it difficult for PTSD victims to live their lives as they normally would" (Pet, 2013, p. 1). "Traumatic brain injuries (TBI) often occur with mental illness and exacerbate symptoms" (Renson, 2010, p. ii). The majority of veterans who suffer from PTSD and TBI come from the front line, but there are others such as medics and convoy soldiers, who suffer as well from this deadly duo.

To many wounded service members, the trauma of war has altered their sense of identity. Often it is the change in one's ability to cope in life because of mental and cognitive difficulties, or altered body image from burns or the loss of limb(s) (Alers & Simpson, 2012, p. 70).

Feelings of shame, embarrassment, and being alone send veterans into a world of their own. Nobody is allowed in because of their fear and others' judgment.

Next to the soldiers of the frontline, female veterans suffer from trauma inflicted from events other than combat. "Physical and emotional trauma may occur as a result of combat but for female veterans, the trauma often involves rape and sexual assault" (Renson, 2010, p. 22). Fitzpatrick (2010) remarked that 22% of female veterans were sexually assaulted. These numbers and statements are true and accurate. Deployment overseas causes tensions to run high



and thoughts in such an electrified environment can run amok, making everyone a potential victim.

### **Others Who Utilize AAT**

AAT has been used in different types of health-monitored environments. “Currently, there are several hundred programs across the United States that utilize equine-assisted therapy to treat common mental health problems in children, adolescents, and adults” (Gergley, 2012, n.p.). Cole et al. (2007) reported that minutes with therapy dogs improved patients’ well-being overall.

Ham (2013) noted that couple’s therapy has taken a lead recently with EAP. Couples are presented with an activity to help them overcome issues in their relationship and to redirect their relationship away from its present focus. “EAP activities can be designed to build upon each other and may be largely insight-driven or experiential and focused mainly on emotional healing or on behavioral change” (Ham, 2013, p. 6). The couple works together on a present issue using the horse as a catalyst or a major role player in the activity. As they work together as a team, they begin to realize how strong they are together, rather than split apart. Frewin and Gardiner (2005) found EAP activities help clients apply both verbal and non-verbal skills.

### **Psychological**

According to Congress (2010) any person who served on active duty after May of 1975 is known as a combat veteran. Many returning and/or returned veterans have witnessed and/or have been subjected to horrific experiences and often these experiences are never erased from their memories and dreams. Feelings of guilt and remorse will persist for the loss of fallen comrades and the events that were endured (United States Army, 2012). Veterans may turn to other avenues for help, rather than seeking professional psychological help in dealing with these

memories; according to the United States Army (2012), many veterans return abusing alcohol or drugs.

Williams (2012) stated that there have been more military suicides than battlefield deaths as a result from Operation Iraqi Freedom (OIF) and Afghanistan, Operation Enduring Freedom (OEF). This statement alone shows how much war affects veterans. Barker and Dawson (1998) stated that animal interactions with humans have shown to decrease stress and enhance trust. Robert Misseri, president of Guardians of Rescue (GOR), noted a rescue group that places animal-therapy pets with veterans: “Animal therapy is an effective way to help people, especially veterans who suffer from PTSD. We have a way of bonding with and trusting animals that helps us psychologically” (Stokes, 2013, para. 2).

According to Brooke Knox, director of Heroes for Horses, “Warriors don't open up easily about what's going on inside their heads” (Labbe, 2012, para. 11). They often don't openly talk about their feelings and fears and can conceal these negative attributes for years. Often these attributes are products PTSD and TBI.

PTSD has been known by several names throughout history: "irritable heart" (U.S. Civil War), "shell shock" (World War I), "battle fatigue" (World War II), and "operational exhaustion" (Korean War)” (Masters, 2010, p. 3). Friedman (2004) stated that 7 million, 30%, of the veteran population has PTSD. PTSD combined with TBI in many cases, the powerful impact that the duo has on their victims changes them dramatically. “PTSD changes the body's response to stress, often making it difficult for PTSD victims to live their lives as they normally would” (Stokes, 2013, p.1). PTSD has many ugly faces that may show themselves at different and inappropriate times. “Symptoms of PTSD also include insomnia, irritability, isolation, nightmares, and hyper vigilance.” (Dieperink, 2005, p. 306). These symptoms do not always

unveil themselves when the veteran is asleep or alone. “Sufferers often display behaviors which are dangerous for their own safety and the safety of others” (Masters, 2010, p. 3), although the intention of these behaviors is not to hurt or harm someone or something. These actions and behaviors can be controlled and alleviated with help. With rave reviews from participants across the world, AAT, and especially EAT, can provide appropriate therapy. “There has been a high rate of satisfaction reported by veterans, practitioners, and veterans' families” (Masters, 2010, p. 15).

### **Interventions for Emotional and Psychological Deficits**

The participants who have used other types of therapy say that EFP is intensely focused and helped change their lives (Selby, 2009). Additionally, physical, emotional, and mental changes can be observed from interactions involving equine therapy (Simmons, 2001). “If patients are depressed, sad, lonely, stressed, or very withdrawn, nurses could use animal-facilitated therapy to help all of these emotions” (Matuszek, N.D., p. 198). The power an animal has on a being is overwhelming and moving. “For many reasons, patients tend to open up conversation to a therapy animal rather than to a nurse or physician. Overall, increasing the use of animal therapy can amplify a patient’s motivational level” (Matuszek, N.D., p. 198).

### **Feelings of New Life**

The following are stories and quotes from veterans who apply AAT into their lives. With the help of AAT, these veterans have experienced first-hand the positive effects of this therapeutic method. They continue to utilize AAT because of the benefits that they derive from the sessions.

Here is the story of one military veteran:

My name is Jordan. I have served in the United States Marine Corps from October 2002 to October 2006. I was deployed to Kabul, Afghanistan, [in 2004] and to Iraq in the Anbar province from [in 2005] ...It was if my body was here in the US but my mind was still stuck over in Iraq. My symptoms included but were not limited to: Feeling like a complete empty shell of a person, almost as if my soul was removed from my body. I was angry often, could not sleep, drank heavily, had overwhelming feelings of sadness, and believed that I had not done enough. I had become withdrawn from loved ones and pushed my family and friends away...Nothing seemed to work...

...The first time I began to work with her horse Journey, I began to realize how much feedback you could get from a horse and how important it is to learn to control and manage your emotions... I felt that my life had a direction and purpose in an otherwise purposeless existence. It was at that point in conjunction with other things that I began to put my life back together. The stable has become a safe haven for me and I now have an escape when things pop back up. With a diagnosis of PTSD the memories and symptoms will never go away, but the episodes become less frequent and I have learned to handle them better...I would recommend this experience to others that are dealing with trauma or having a hard time readjusting from war. (Kuropatkin, 2013, p. 34)

Robert MacTamhais, an Army veteran with PTSD, experienced severe anxiety attacks:

Don't get me wrong -- my doc is a great doctor and I love him to death. But horse therapy works much better. With Brooke and the horse as a distraction, it keeps me on even keel. We talk about what kind of week I had, what progress I'm making -- or not making. Last week we just walked out in the pasture. I'd had a bad night the night before. We walked and talked. It was a really good session (Labbe, 2012, para 8).

The veterans and their families are not the only ones who notice and feel a difference. A superior of a treatment facility remarked, "I had one colonel tell me all he knows is when he sends his people out here, they come back better" (Boatwright, 2013, p.80). The most noticeable benefits of the therapy are:

- Physical health improvements;
- Connecting with others;
- Developing relationships;
- Positive behavior;
- Increased self-awareness;

- Positive Attitude;
- Developing a unique human-horse bond;
- Spirituality increase.

These stories illustrate what this research study intends to disclose from those involved in this phenomenon: the positive effects that AAT, specifically EAT, has on veterans and others.

### **Evaluating Previous Research**

Different methods of data collection have been used in previous research and results have been both with positive and negative. The number of specialists who have presented data about the results of AAT seems inadequate. Information seems to be mixed rather than consistent. “The other problem with much of the qualitative research conducted by those outside the medical community, at least in the area of AAT, has been a focus on observable short-term responses by clients” (Cole, 1986, p.170). Long-term responses are the key to progression and I believe that more research needs to be done on the long-term effects of AAT.

Through my literature review, I have identified points to drive future research. My research will adhere to these points and to fulfill the needs. Although this is a single research project, the recognized need for collaborative research is imperative. In reaching out to other researchers and professionals in this field of study, several expressed interest in my research; to date I have not received additional responses from those who expressed an initial interest.

### **Summary**

As numbers in the United States Military population decrease, combat military veterans return home, carrying with them psychological burdens from wartime. Veterans’ symptoms include low energy levels, feelings of sadness, anger, excitement, restlessness, tension,

frustration, resentment, and depression (United States Army, 2012). Dis-ease in expressing their feelings, the anxieties and angers overwhelm them in their new or renewed surroundings.

“Horses mirror moods, too; they respond negatively to negative emotions, teaching the veteran that his behavior can affect others, and making it necessary to modify behavior in order to work successfully with the animal” (Sader, N.D., p.1). Since horses are a mirror image of our inner selves, they can tell us how we feel upon any encounter. The horses render no judgment and help the veterans become more at ease with their re-entry into society. “The obstacles and challenges faced in the arena with the horse often mirror those that are presented in daily life for a veteran with PTSD” (Masters, 2010, p. 8). Veterans are more at ease to gain back their trust and love, as they shed their fears, anxieties, and anger towards others. The veteran and the horse are an unparalleled team.

My literature review identified significant numbers of veterans affected by wartime. “Soldiers returning from the wars in Iraq and Afghanistan often bear the hidden scars, now called the ‘signature wounds’ of combat: post-traumatic stress disorder and traumatic brain injury” (Hemmerly-Brown, 2011, p.22). One in five deployed veterans live with PTSD. Many of the returned veterans who have no avenues to cope with their issues tend to choose other methods to cope. According to the United States Army (2012), most veterans return abusing alcohol or drugs. Although I was unable to discover statistics on veterans utilizing EAT, the literature supports the great benefit to the veteran who participates in this therapy.

The importance and value of this study should be priorities in the realm of therapy for veterans. Horses help veterans reconnect with themselves and others in their daily lives. The experiences of veterans before, during, and after wartime are documented, however, once they leave service and return to their civilian lives, the articles, and thus the awareness of their needs,

often stop. We must continue to study and share our findings on our veterans and on their nonjudgmental partners in healing to better understand EAT's long-term benefits and effects.

## CHAPTER 3: METHODOLOGY

### **Problem Statement**

The world as they knew it changed when veterans were serving their country at a time of war. Every returning veteran has experienced his or her own situations during war time service. These situations often leave an impressionable scar on their lives and their souls. According to Alarcon (2014), in a report from the Department of Defense, 22 Veterans a day take their own lives. Unfortunately, that is one former Service Member that commits suicide every 65<sup>th</sup> minute of the day.

Only 1% of American men and women have answered their country's call to serve and protect in the military, and yet out of the entire general population in the United States, those who have served account for 20% of all suicides (Saratoga Warhorse, 2014, n.p.).

We need to take care of these returning veterans' psychological and medical needs in a case by case manner. One way we can do this is by introducing them to and offering a counseling alternative program, Equine Assisted Therapy (EAT).

Some of the psychological and emotional challenges that many veterans face before EAT sessions include fear, trauma, anxiety, anger, and loss of trust. But what are the other underlying concerns that Veterans have that they will *not* discuss or show? And if they do not discuss concerns or struggles or show their concerns, how can we help them to do so? For some, EAT can help bring concerns and struggles to the surface to be addressed - not to "cure" the veteran, but to help them walk through life with an easier stride. MacTamhais, an Army veteran who has post-traumatic stress disorder, displayed as severe anxiety attacks, commented:

Don't get me wrong -- my doc is a great doctor and I love him to death... But horse therapy works much better. With Brooke and the horse as a distraction, it keeps me on even keel... We talk about what kind of week I had, what progress I'm making -- or not making. Last week we just walked out in the pasture. I'd had a bad night the night before. We walked and talked. It was a really good session (Labbe, 2012).



After having parts of their lives dramatically altered, even literally ripped apart, many readapting veterans face a multitude of struggles. In order to make their lives easier to endure, a needed refresher course in life skills is a necessary step for many. With all of their afflictions that are repercussions from violent interactions with humans, a refresher course cannot always easily be administered by humans to severely affected veterans. For some of those veterans, a strong human-animal bond or in this case human-horse bond can be an effective alternative to traditional psychotherapy. From the created bond, horses take on the role of a parent who comforts their children in multiple ways including comforting fear and anxiety (McConnell, 2010). Feelings that are conjured by the human–animal bond can help re-introduce feelings that were lost in the veterans’ lives. The process will not be fast, nor will it be painless. But Equine Assisted Therapy is an intervention that reportedly has unique effectiveness for some, like MacTamhias, mentioned earlier (Labbe, 2012). EAT is something that can be done for some individuals who gave so much for our Freedom.

### **Purpose of the Study**

The present study is being conducted to examine the positive changes and the challenges reportedly experienced by veterans that utilize Equine Assisted Psychotherapy in their recovery process after war time. Prothmann et al. (2006) determined, “Animals alter the atmosphere in the run up to the actual therapeutic treatment in such a manner that the development of a therapeutic relationship could be catalyzed and deepened” (p. 275). The impact of EAT to “deepen... the development of a therapeutic relationship” will be qualitatively addressed in the present study.

Interview questions will be developed with sensitivity to the literature review. This project is a phenomenological study, so having accurate and detailed qualitative data with depth is vital for a meaningful end result.

### **Research Objectives**

#### **Research Objective One**

Describe the veterans' background pertaining to:

- a. Gender;
- b. Military Branch;
- c. Military Job Title;
- d. Years of Service;
- e. What type of service (Active, Reserve, or National Guard);
- f. Military Medical Diagnosis.

#### **Research Objective Two**

Describe the injury and/or trauma that the veteran received during their war time service.

#### **Research Objective Three**

Explain the type of Equine Assisted Psychotherapy that veterans are using and their perception of the effectiveness and challenges of the therapy.

### **Research Design**

This study will be conducted using a qualitative research approach. As recommended by Marshall and Rossman (1989), the approach will also be dependent on the qualitative long interview. Preferably, "the use of a long, qualitative interview offers the power to reach into the life-world of an individual" (Dienhart, 1998, p. 204). This approach will ideally allow the researcher to examine whether, why, and how, EAT is effective in helping veterans when

traditional therapy has failed. We will also consider reported challenges and limitations of EAT in working with veterans.

An appropriate research method for this study is a Phenomenological approach. “A phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon” (Creswell, 2013, p.76). The phenomena of interest in this study include the trauma of combat service, the struggle to regain normalcy and the . . .

### Reflexivity

Miles and Huberman (1994) and Riessman (1993) all noted that the researcher’s bias and position in the research are welcomed in qualitative research. However, “a critical issue is reflexivity, or the potential influence of the researcher’s bias on interpreting and reporting the results” (Marks, 2002, p. 35).

When it was time to come up with topics to research for my dissertation, my first two thoughts regarding potential topics were horses and Veterans. With further brainstorming, I remembered all of my experiences with and feelings about horses. I also remembered my friends and their stories of their experiences in war, past, and present. Trying to combine the two topics, I remembered a horse therapy program at my undergraduate college. I did some research and found that horses are used for therapy with veterans in some programs.

In the spirit of reflexivity, I reveal my project - relevant biases and experiences here. I chose two of my life’s passions and interests, combining them into a research project. The overall end goal, besides obtaining a Doctorate in Philosophy, is to learn how to better help those that protected us and gave us our freedom; Veterans. Most veterans do not ask for anything in return for the sacrifices that they gave to us, but many who offer war - time service need more transitional help and support than they receive when they return.

To continue, reflexivity involves the researcher's experience, bias, and connection to the research topic. The issue of reflexivity in this research is central. I am a United States Soldier. I am aware first hand of the costs and the benefits of serving as a defender of the country and the American people. I am also an American Cowboy. Further the bonds I have experienced with horses have been unparalleled by most others in my life. Experiencing the potentially life-changing power of the human-horse bond has changed my view of the world. I recognize that these two factors make me biased in some ways, but my experiences also serve as an advantage, positioning me as a dual insider – a U.S. Soldier and an American horseman and cowboy. As stated by Daly (1992b), Dollahite, Marks, and Olson (1998), and Farnsworth (1996), my positioning as an insider can be an asset if biases are acknowledged and accounted for.

I chose to study this particular area of research for four specific reasons:

- a. I am a United States Soldier;
- b. I am an experienced equine enthusiast and expert;
- c. A review of the research on this topic indicates that knowledge is limited in terms of the “how’s and the whys” about EAT;
- d. I want to give back to United States Veterans and help them have a viable alternative to traditional therapy sessions.

These four reasons have motivated and empowered me to examine how this type of therapy has helped Veterans ingrate themselves back into society and to make healthy adaptations in their own personal lives. I also want to note challenges and limitations of EAT, so that these limitations can be considered by those seeking to stimulate future improvements and developments in EAT. I want to present the recorded documentation and results to the proper authorities in charge of the psychological and medical needs of United States Military Veterans.

Since the nature of this study is a phenomenological study, the researcher would be considered a Phenomenologist. “Phenomenologists focus on describing what all participants have in common as they experience a phenomenon” (Creswell, 2013, p.76). In the present study, I am especially interested in an in-depth examination of how veterans process and work through pain and trauma. A central aim is to learn how and why EAT seems to help effectively minimize pain and/or trauma, for some veterans – including some who have found traditional therapy unhelpful.

I have experience in the world of equine science. I am also an affiliate with the United States Military, on both business and personal levels. Years of discipline in each field, equine science and military science, position the researcher as an insider. This dual background should be helpful in promoting trust and authenticity between the researcher and the participants. Ideally, this will raise the validity of the data and the ultimate quality and contribution of the research project.

The researcher has worked with and has extensive experiences with horses. I managed a breeding horse farm while achieving both my Bachelors and Masters of Science. I have also worked as an American Cowboy and a Rodeo Cowboy. Many days and nights were spent either in the saddle or in the fields with horses. The endless hours spent with horses initiated and strengthened the human-horse bond. There really are no words that I can use to explain the feeling and power of that bond. The healing that happened for me as I interacted with horses helped me see and feel things that I was struggling with personally in a new light.

Ten years ago my best friend joined the United States Army right after college. I heard positive stories from him as his career developed and blossomed. Hearing all of this stirred

something in me, or really just ignited a fire that went out years ago. But I was still focusing on making my career as a full time Agriculture Specialist, the stories were just kindling.

With degrees and no career, I turned to my friend for some advice and questions on what he experienced. Within a week I was in contact with a recruiter. Shortly after that I was at my initial military physical. For the past three years I have honorably been serving this country and the American people as a United States Soldier. Knowing the benefits of my duties as a defender of the country and the American people, I have experienced sacrifice. But, I do not know what it feels like to literally lose my physical or psychological health as some other defenders have.

The stories that Veterans have shared with me seemed to put them back in the war. When relating these stories to me, veterans did not seem to be in the United States mentally. From the looks on their faces and the tension in their muscles, I could see and feel tension myself. Many Veterans I am personally acquainted with have been medically discharged from the military and most, if not all, have been diagnosed with PTSD. However, I only know of one that consistently goes to the VA (Veteran Affairs) clinic for treatment. Even in this case, he says it is just a “f\*\*\*ing joke.” One veteran I have spoken with said, “The questions asked in treatment are asked by people who have no idea what Veterans have been through. So I tell them what they want to hear, and what amuses me.”

### **Instrumentation**

In qualitative research, the researcher himself is an instrument. The quality of the researcher as well as their personality will likely influence the quality of the data offered by the participants. “The qualitative concept of dependability is concerned with the consistency, stability, and accuracy of an instrument over time” (Marks, 2002, p. 34). If the researcher is standoffish or rude, they are not likely to receive the quality of feedback needed for a rich and a

valid study. Respect and rapport between interviewer and participants are likely to promote high quality data. The researcher has to adapt and contour to the population he is interacting with and interviewing.

A search by the author found no standardized written instrument that is used to capture and report the feelings and reactions of United States Military Veterans who participate in Equine Assisted Therapy (EAT). Data and feedback regarding reactions to this type of alternative therapy are imperative to improve the future treatment of our military Veterans. Given the lack of an instrument, the researcher developed his own interview guide. “A fundamental issue is that ... instrument design have a readable, coherent trail” (Marks, 2002, p. 34). The data collecting instrument developed has twenty-four questions (Appendix A). This instrument will provide a “readable, coherent trail” for this project.

### **Sample**

The target population for this study is United States Military Veterans who have served during wartime (dating from The Vietnam War to the present wartime) and who actively participate in Equine Assisted Therapy programs. The participants in the sample will also have a medical diagnosis of psychological afflictions (Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)) that they incurred from their wartime service.

The researcher sought Equine Assisted Therapy programs that have specific therapy programs for Veterans. These programs needed to have participating Veterans with medical and/or psychological diagnoses. Within the Equine Assisted Therapy programs, participants will be invited to participate in the study. IRB approval has been sought and obtained for this research project from Louisiana State University (Appendix B).

The researcher contacted and asked the stable/program managers of EAT at three locations to incorporate the concept of the present study into conversation with their program's Veterans. After veterans have been notified of the pending research project, a request will be made verbally to participate via a phone conversation, well as via email. With the progression of time, the program manager will inquire if any of the participants would be interested to volunteer for the research.

A sample of 5-7 volunteer participants will be sought. According to Strauss and Corbin (1990), given the tight focus of the study about half a dozen in-depth interviews may be appropriate to approach theoretical saturation. With consideration to each volunteer answering the twenty-four question questionnaire, there will be no set time limit. It is possible that more than one interview will be required with some participants.

### **Ethical Considerations and Study Approval**

No pronounced risks are anticipated.

### **Research Setting**

To conduct this research, when possible the researcher will go to the participants at their designated area of therapy. The rationale for this is to keep them in a comfortable and safe environment. In order to gather the most useful and insightful information, the participants' comfort is of importance. Since the project will be dealing with subjects who have psychological trauma, it is vital to keep them in a space of ease and familiarity. Three separate sites have been secured, as outlined next.

#### **Southeastern Equestrian Center**

To fulfill the necessity of anonymity for the purpose of the research, each facility's identity will be blinded for this research project.



The first facility that agreed to participate in the research is located near a military base in the Southeastern United States. A Non-Profit 501(C) 3 company, located quaintly down a dead end dirt road, the property is completely surrounded by trees, which muffle the heavy noise of traffic on one side. This setting is superb and tranquil for the sessions that are held there. As you come through the front entrance gate you are immediately greeted by horses in pastures on both sides.

Directly beyond the gate is the main office of the facility. On the other side is the barn with individual stalls where horses are kept. To the right of the barn is the round pen which is made from individual, red, ten foot panels. Within this pen, the therapy sessions are held, due to the fact that it is an area which constitutes a safe, controlled environment for the therapy.

#### Southwestern Equestrian Center

The second site is near a military base in the Southwestern United States. At the end of this road nestled in the tall oaks is the Southwestern Equestrian Center. As you enter the gate, there are the quarantine pens for new horses on your right. On your left is a large uncovered outdoor arena. As you drive further down the parking lot, there is a grey building on your left. This is the office for the equestrian center. Inside are various offices for the equestrian center personnel.

A small distance from the office is a “hot walker” that seems to be seldom used. On the other side of the “hot walker” is a large barn. Inside are individual stalls that are rented monthly for the boarder horses, owned by both the military and civilian owners. As you keep walking out of the renters’ barn, you will see more turnout paddocks ahead of you. These are also for renters.

Behind the office, on the back outside perimeter of the property are turnout paddocks that are inhabited by government horses. There are a total of about 20 equines that belong to the

government. Of these, are a few full-sized mules. Inhabiting each one of these paddocks are horses. Some paddocks have one, others have more than three. The horses are together in their own bands for them to socialize and interact together.

There is an abundant amount of information on the type of services that this facility offers. Not only is it a therapy center, but it is also a boarder barn for military and civilians mounts. You can ride in the arena or take a trail ride with friends. This facility has accommodations for riders of all skill levels.

#### Northeastern Equestrian Center

The third site is a Northeastern Equestrian Center. The Northeastern Equestrian Center is a program that is used solely by Veterans. The program is a three-day event held in one of two places. Horses are used, not only as methods of therapy for veterans, but as new reasons to live, and as ways to break down the invisible walls that were built by war. Participants from this equine program will be contacted via the phone to setup a face-to-face interview. Having mentioned and described all three potential sites of data collection, we now turn to the important topic of triangulation.

### **Triangulation**

Triangulation techniques can be used to reinforce the reliability and validity of research data. “Triangulation has risen as an important methodological issue in naturalistic and qualitative approaches to evaluation [in order to] control bias and to assist in establishing valid propositions because traditional scientific techniques are incompatible with qualitative approaches” (Mathison, 1988, p. 13). Denzin (1978) states that the four rudimentary forms of triangulation include data triangulation, investigator triangulation, theory triangulation, and methodological triangulation.

In order to build the reliability and credibility in my research results, the researcher will use triangulation between three research sites and by employing multiple sources. Each location offers different methods of equine experience to veterans, yet all three are focusing on obtaining the same end result from their provided services.

### **Pilot Testing**

Pilot testing of the interview instrument will be conducted by the researcher with a selected veteran participant. The participant will already have participated in an equine assisted therapy program at the time of data collection. Additionally, the owner and director of the Northeastern Equestrian Center sat down with the researcher and reviewed every question. Concerns that were rendered by the subject matter expert (SME) were noted and corrected.

Kvale (2007) posits that the pilot test will assist the researcher in defining if any discrepancies exist within the design of the interview. A thorough pilot test will help make the data collection stronger by identifying potentially weak or problematic questions at the outset. Kvale (2007) has remarked how appropriate changes can be profitably made at this stage, before the interview questionnaire is finalized.

### **Data Collection**

Three steps will be taken before the data collection will take place. These steps are vital in order to ensure that moral, legal, and ethical measures are met.

1. A month prior to the data collection the researcher will send out the informed consent form (Appendix C) to each facility.
2. Two days before the interview starts, the researcher will administer the consent form personally to each individual. Once the informed consent form is read, signed, and collected,

they will be stored in a secure area. This motion ensures all moral, legal, and ethical measures governed by the IRB are met.

3. The structured interview will be administered in a face-to-face manner. There will be no set time limit for each interview. Each participant will take as much time as they need to answer each question. With the participant's consent, each interview will be digitally recorded. The researcher will record field notes regarding the interview process immediately after the interview has concluded. Writing these notes post-interview, instead of during, will allow the researcher to direct his full attention to each participant during the interview.

### **Method of Transcription**

All data will be transcribed verbatim and coded by the researcher. The digitally recorded interviews will be transcribed verbatim using Microsoft Word. The transcription will carefully be double checked for accuracy.

### **Data Analysis**

Data analysis in qualitative research starts almost immediately during the data collection process. The process truly starts as the participants start to answer the interview questions (Daly, 2007). Each researcher finds different accenting parts of their data collection, important to note over others. Examples would be smiles, signs of reluctance, and/or physical states of emotion displayed. The following steps will be taken in completing the data analysis.

The phenomenological research design designated for this study was selected to illuminate the power, success, and challenges of EAT with military Veterans. Virtually no previous research regarding this alternative therapy is available. The very limited previous research did not explore how the participants felt about their experiences. This research will shed light on and reveal some of these feelings, and experiences.

Every interview will be read, checked, and analyzed by the researcher from the start to the finish to ensure quality of transcription. During the analysis line-by-line coding will be done, while keeping in mind the important factors that seem to summarize each participants' thoughts and feelings. According to Corbin and Strauss (2014), line-by-line coding is better known as open coding. During the interviews salient and emergent perceptions will emerge from key words and/or phrases. To prevent any deliberate choices based upon my biases, Numeric Content Analyse (NCA) for each interview will be produced. According to Marks, Hopkins, Chaney, Monroe, Nesteruk, and Sasser (2008), the NCA process produces a path of data analysis that is traceable throughout and across all interviews. "*Bona fide* core, emergent themes from the interviews are identified based on demonstrated prevalence not only within interviews but across interviews" (Marks, 2015, p.16).

Next, I will find the so-called rocks and gems that have been offered by each participant (Marks, 2015). The process of finding rocks and gems involves going back through the open coded data and seeing which central, emergent themes appear. Finding the rocks and gems is not a hard task to complete. Separating them from one another is the challenge. The rocks just add support to the core theme, but "Qualitative gems are prized quotes, excerpts, or narratives that add a depth, transparency, insight, or color to the discussion and presentation of a core theme" (Marks, 2015, p. 17). "These supporting excerpts are then electronically copied and pasted (with corresponding interview number and page number) into data files—with a separate file for each core theme" (Marks, 2015, p. 17).

### **Limitations**

"The strengths of an insider presentation also involve potential weaknesses in the tendency to overlook or fail to explain 'obvious' issues that might be relevant or even critical to

an outsider” (Marks, 2002, p. 35). The researcher and the participants in the present study share common ground with military affiliation and the human-horse bond – if this is taken for granted by the researcher, he may fail to adequately “translate” the study for outsiders.

A small sample consisting of 5-7 participants is being addressed in this research study. Most research utilizes a larger sample and, clearly, the results of the study will not be generalizable.

Another limitation or challenge in this research study is distance between the proposed data collection sites. From where the researcher will be living at the time of data collection, the closest facility of the three will still be several hundred miles away. Face-to-face interviews are preferred, but in cases where the researcher cannot travel, the researcher will be conducting the interviews via Skype. In spite of these and other limitations of this research, the researcher is confident that the proposed research will fill a vital need.

### **Validity**

Validity in the field of phenomenology is a difficult concept. “Traditionally, validity in qualitative research involved determining the degree to which researchers’ claims about knowledge corresponded to the reality (or research participants’ construction of reality) being studied” (Cho & Trent, 2006, p.319). Vagle (2014) notes that: (1) sustained engagement with the phenomenon, and (2) participants who have experience with the phenomenon are both critical elements of promoting and increasing validity in phenomenological research.

Three main concepts that relate to validity in qualitative research are trustworthiness, confirmability, and credibility. Trustworthiness pertains to data collection, analysis, and reporting strategies that promote the reader’s confidence in the project’s overall validity.

“Confirmability is the qualitative parallel of the quantitative methods’ demand that the researcher maintain objectivity” (Marks, 2002, p. 34). Slife and Williams (1995) noted that individuals who agree with qualitative methodologies vary in their perspectives feelings regarding the objectivist ideal. However, appoint of consensus is that all data should be traceable and confirmable (e.g., digital audio and transcribed versions.)

“Credibility refers to the fit between the participant’s intended meaning and the researcher’s interpretation of participant statements” (Marks, 2002, p. 33). An understanding of what the participant is saying and conveying is essential for effective research. In Gilgun’s words, “Am I communicating what my informants are telling me?” (1992, pp. 28-29). Proactive measures from the researcher will help make this process much smoother. One of these measures is *persistent observation*, or being engaged first-hand with participants as much as possible.

Another form of validity, content validity, will be tested by sending the interview instrument to the Program Managers of the establishments of the sites where the research will be conducted. These Program Managers are considered to be subject matter experts and have significant experience with both equine programs and veterans. The first is Program Manager of the Southeastern Equestrian Center (PMSEC). She is an Equine Specialist and has been dealing with Equine Assisted Therapy with many different subject cases, including veterans, for several years. The next one is the Program Manager of the Southwestern Equestrian Center (PMSWC). She has been working with equines and transitioning military Veterans. Finally, the Program Manager of the Northeastern Equestrian Center (PMNEC). The PMNEC’s perspective will be highly valued due to his experiences as a Veteran, as well as his experiences with the equine

program. Each of these three individuals were chosen based on their knowledge of equine science and their expertise with Equine Assisted Therapy and military Veterans.

### **Reliability**

There are many ways to build reliability in a qualitative research study. First, to the degree possible, all data have to be captured, recorded, and transcribed in order to establish a concrete, empirical base of reliability. As stated by Creswell (2013), “Reliability can be enhanced if the researcher obtains detailed field notes by employing a good-quality digital data recording and transcribing system” (p. 253).

High quality field notes taken by the researcher will supplement the meanings being displayed by the participants in the digitally recorded data. Numeric Content Analyse (NCA) will be available for review by the doctoral committee for each interview conducted and coded.



## CHAPTER 4: FINDINGS

Based on the qualitative data analyses described in Chapter 3, seven core themes emerged from the in-depth interview data. Those themes included:

- a. Foundation Blocks of Support: “My mom, my husband, and my instructor.”
- b. Finding “Me” and My Purpose: “It’s like my place of peace.”
- c. At Liberty with Life: “And I just made the decision that I was going to do whatever I could to have horses in my life for the rest of my life.”
- d. Psychological Cocktail: “It’s a . . . it’s a . . . it’s a very . . . very long journey.”
- e. Same Leopard – New Spots: “I can go out and escape my mind.”
- f. Wrong Direction: “In fact I rejected the equine program.”
- g. Learning to Live Again: “I’ve been beaten up and beaten down before [but] I know what it takes to get back healthy again.”

In this chapter, the seven themes are presented and each theme is accompanied by illustrative comments or insights from the participants. In addition to presenting verbatim data from the participants’ interviews, I strive to convey the personality, the “feel,” and the contextual circumstances of the veterans whom I interviewed. I do this without damaging anonymity and confidentiality.

In conducting seven in-depth interviews at various sites throughout the United States, I captured numerous positive experiences from my participants related to Equine Assisted Therapy (EAT). Also collected and captured in the data were deeply reflective counter narratives that one of the participants shared and that emerged during the analyses. These counter-narratives are presented and addressed to allow for a broader scope and richer feel for the participants and their experiences.

All of the participants served in the United States Military at some point in their lives. Their service years range from the Vietnam War Conflict to the war in Afghanistan. Several of the participants served in combat during the intervening periods of the 1980s and 1990s.

Methodologically, each of the participants had two phenomenological concepts in common: (1) they were Veterans of the United States Military; and (2) each had participated in and been involved with EAT sessions. Not all of the participants shared similar feelings about their experiences with EAT, and their feelings were transparent and noticeable in their interviews. However, each interview provided concrete information on why they felt as they did about EAT. From my coded interview data of participant responses, I developed the seven core themes that captured, reflected, and expressed the feelings and perspectives of each participant regarding their experiences with EAT as a military veteran.

Each participant exemplified different feelings and emotions towards their experiences with EAT, thus an array of responses in the findings section validly conveys the essence of the interviewees and the interviews. I present of the first of the seven themes that I uncovered in the qualitative data from the participants' interviews—the theme is entitled “Foundation Blocks of Support”.

### **Theme 1 – Foundation Blocks of Support: “My Mom, My Husband, and My Instructor.”**

Within the interviews one powerful element was evident- presence of at least one valuable support individual in the lives of the veterans. It is perhaps a truism or a given that virtually everybody needs personal support in some way in their life but when traumatic experiences occur in one's life, the need surpasses the usual. This theme focused on the importance of personal support from loved ones or others as a focal point in many of the participants' interviews; the discussion includes highlights of the participants' reports and words.

Participant Lauren was an extroverted young woman in her 30s with a vibrancy about her. Lauren had proudly served the United States for more than a decade during our last wartime conflict. She seemed to wear various hats while she served within her military occupation. It seemed that she wore multiple hats in other places as well in her life. She was well liked and deeply respected by her fellow soldiers and children. Lauren's energy left the impression that she was a hard worker—and that she had worked for everything that she possessed in her life. Lauren seemed to have the ability to compartmentalize her traumatic experiences as a combat veteran and to keep them separated from her everyday life.

Lauren greeted me with a smile and spoke with confidence. She also exuded optimism and talked about new adventures that life was providing her. Neither her actions nor her attitude reflected the military experiences and traumas that led her to utilize EAT.

Although her approach to life seemed to mask the experiences and traumas, Lauren was very warm and open in explaining her thoughts and feelings. She had no problem discussing her views and feelings about her EAT experiences. Unlike some participants who tended to be tentative and guarded at first, Lauren opened up to me from the very start of our interview, and she responded fully to the interview questions. She did not withhold her passion for her newfound love and her respect for horses, and she enthusiastically discussed the positive effects that EAT was having in her life.

As we went through the interview discussion in the living room of her home, occasionally her children became loud. Instead of becoming frustrated and coming loose at the seams towards them, she simply addressed what they were doing wrong, asked them what was the correct way to behave, and then asked them if they would fix it immediately. Lauren treated

her children with respect and they returned the same respect. Her calm and respectful demeanor was rather remarkable as she completed this seemingly difficult task in parenting.

Lauren illustrated that her life was built around healing herself while simultaneously and unselfishly devoting the rest of her day to caring for and raising her children; she hoped that they are prepared for all the best possibilities and opportunities of which they can take advantage in their lives. Lauren seemed to have very few acquaintances living in her area that resembled a true support system. Lauren reportedly reached out both emotionally and relationally to her geographically distant friends for support and laughter. Sharing life stories, as well as leaning on those friends, appeared to be sufficient to help her at different times in her life when she needed support. When asked on whom she leaned for support, Lauren responded:

My friends. I have like three friends that I can confide in and talk to. Unfortunately, they . . . one lives in PA (laughter). One lives [a good ways] away with family and everything. And [the third] one's about to be moving. So I just try to stay connected over the phone more than anything.

In addition to her relationally close but physically distant friends, Lauren found extra support from an instructor at her EAT program. This program, and the additional foundation of support from the instructor in particular, seemed to be important factors for her growth in EAT—and in her life. While discussing her EAT instructor, Lauren enthusiastically stated:

Gina (the EAT instructor) is really awesome. She is very knowledgeable. She's not the owner, but she usually works with me. She's very happy-go-lucky and free spirited and kind. . . . But also . . . she gives a lot of praise too, which is really encouraging, so you don't feel like you screwed up, [even] if you did. She – she knows when to back off and let you take – take control. And she encourages that.

Lauren continued:

Gina realizes how quickly somebody catches on, especially me, and she'll let me go out by myself with the horse in the arena, once she's told me what she's needed to tell me. 'Cause I listen really well. So that's her.

For Lauren, Gina was not only an important part of the equine program, but had become significant in Lauren's life as a source of valuable support—someone who praised, encouraged, and supported her. Since her three closest friends and members of her support system were all significant distances away, Lauren's confidence-building and trusted EAT instructor Gina was especially vital for Lauren's future success.

Another soldier and interview participant who served in the same wartime arena as Lauren was Ryan. A seasoned soldier in his late 30s, Ryan had been a part of the United States Armed Forces for nearly two decades. Ryan had been involved with the outdoors for his entire life, and he reported that being involved with horses was quite easy for him.

Ryan held a relatively high leadership role within the enlisted corps of the United States Army, and he had an overwhelming presence that cultivated and commanded respect. Ryan seemed to hold my research in a high regard and was direct in his responses. He never hesitated to divulge his feelings, especially his feelings regarding the members of his support group.

Ryan leaned on military friends for support, but his first line of support came from his home and family. Explicitly illustrating his home and family life, Ryan continually described his wife and her efforts to build him up. He reportedly did the same for her, building up and her career with the needed support. When asked about his most valuable source of support, Ryan responded, "Ah, number one is my wife."

In addition to Lauren and Ryan, a third perspective on foundational support persons came from participant Buddy who served during an earlier era than Lauren and Ryan. Buddy's perspective about support had been built over several years since his military service. Buddy openly discussed his foundation of support with me as he had seen, heard, and sensed different

types of supportive and non-supportive actions from others over the years after his military service.

I initially reached out to Buddy one day in the late spring of 2015, and asked if he would be a participant in my research. He never hesitated with his affirmative answer. Buddy proudly and honorably served the United States during the Vietnam conflict. The military job and duties that he was assigned during those years had a major impact on his life from his Army years to the time of the interview. During his post-Vietnam years, Buddy confronted and worked on these issues and the related trauma on a daily basis.

Even with his residual trauma and challenges from the Vietnam years, Buddy's overwhelming aura and presence was one of caring and a desire to be helpful. His views and his walk in his present life seemed to be filled with anticipation and hope. However, to get to that point in spite of his difficult past experiences, Buddy had strongly relied on the support of old military friends and others. When asked if he had anyone who provided support for him in his life, Buddy replied:

Yeah, you bet. Actually there is, I'm – I'm in a relationship with a romantic partner and she is very much part of my support group. But, the most important support group that I have is two very close friends that are also Vietnam combat veterans with PTSD. And the value of their support, ah, just vastly exceeds what – what anybody else has to offer. [When I say "anybody"] that includes the psychotherapist that I am in therapy with, [for] going on three years now. [It] includes a couple's therapist that my partner and I are in couple's therapy with. [My Vietnam vet friends'] support is more important than anybody else's. Because we have in common Combat PTSD.

The strong bond that connected Buddy to his military friends was the foundation of support that he had built on and from to grow and prosper in his present life. Buddy was fortunate to have the support of his partner from a romantic relationship and their couple's therapist; additionally, he mentioned his personal psychotherapist as a helpful aid. All of these

individuals seemed to add additional layers to Buddy's support structure, but the most valuable support came from the two men who had similar experiences Vietnam and who had wrestled, and who continued to grapple with the same demons of PTSD.

Rebecca was the youngest of the participants whom I interviewed. Her perspectives on many issues and her view of life in general seemed quite different than the other participants. Rebecca was raised in the high-technology era and her military job kept her indoors for a majority of the workday. As a result, being able to get outside to take a break or attend her EAT session were activities that she enjoyed.

As a wife, Rebecca relied heavily on her husband for support. She also seemed to lean on her mother for support. Her tendency to lean on her family for support reflected the same kind of reliance on family relationships that Ryan reported with his wife and Lauren reported with her children. However, Rebecca and Lauren shared a commonality that set them apart from Ryan as both of these women relied on an additional person outside of their close-knit community of trust. When asked about who she leaned on most heavily, Rebecca, like Lauren, included both close family members and her EAT trainer on her short list of strong supporters. Specifically, she identified, "My mom, my husband, and my instructor."

Another participant, Charlie, was a man who had a soft, quiet voice, but in spite of his mellow persona, he exuded both rich charisma and charity. Charlie seemed to be a family oriented man and he described to me how his daughter was the one who directly encouraged him to become him involved with EAT.

Like Ryan, Charlie reportedly relied entirely on his family for support. Unlike Rebecca and Lauren, Charlie had not reached the stage where he counted on his EAT instructors for additional support. But like Lauren, Charlie looked, at least in part, to his children for added

support as his support system. Indeed, Charlie mentioned three generations of family; when asked on whom he relied, Charlie stated, “My wife, my daughter, my grandchildren [are my support system].”

Thus in Theme 1, we see that Lauren leaned heavily on three friends although they were far from her physically. Ryan’s “number one” support was his wife. For Buddy, fellow Vietnam Combat veterans who shared his ongoing struggles with PTSD were his “most important support group.” For Rebecca, her mother and husband were mentioned in the first breath, and Charlie similarly referred to familial support—actually family across three generations. Some of these participants also mentioned their EAT instructor as an important support in their interviews. The important point to draw from Theme 1, however, is that most of the individuals who were engaged in and benefitting from EAT also had valuable foundation blocks of support in their lives as veterans.

These foundation blocks of support from core individuals in participants’ lives seemed to help give them confidence and helped them to find a purpose in life after the traumas they experienced in combat.

The second core theme, “Finding ‘Me’ and My Purpose”, highlighted the experiences and feelings of participants regarding how they tried to pick up the pieces and put their lives back together as veterans with deep psychological scars. In addition to the “Foundation Blocks of Support” mentioned in Theme 1, many of the participants also drew strength and support from participating in EAT.

## **Theme 2 – Finding “Me” and My Purpose: “It’s Like My Place of Peace.”**

Each of the participants wrestled with constraints from the traumatic experiences that they endured and that ultimately gripped their lives. Their lives and perspectives from their pre-



combat years was torn from them; life as they had known it was shredded. After this shredding, each participant was expected to put all of the shredded parts of their lives back together again—to “carry on” and “press forward”; it was not that easy.

This second core theme showed how each participant struggled to re-identify themselves and to recreate a life out of the shredded pieces and parts of what remained of their lives. They also struggled to form and to reconnect with their “new selves”, and to find or create a purpose through EAT. Most strove to overcome and adapt, to take on their new lives with hope and newfound or rediscovered reasons for going on.

Lauren, the hardworking single mom in her 30s, joyfully discussed her “new self” and her purpose with smiles and laughter. Her newfound glory seemed to be lasting, and she planned to love and cherish for the rest of her life. In discussing her experience with EAT, Lauren reflected:

While I’m out there I’m a lot calmer. Animals don’t really expect that much out of you, as long as you’re good to them. They love you regardless. If you rub them, you’re their best friend . . . (Laughter) Just while I’m out there I am a lot calmer and everything. It’s taught me that I need animals in my life which I don’t currently have. [EAT] is my only access to animals right now.

During our interview, it appeared that Lauren had come to the conclusion that her life was better with her involvement with animals. Further, Lauren has become capable of creating the same soothing, peaceful reactions in her horse that he instilled in her. She explained their interaction and influence in the following way:

I can sit there and watch him as I walk up to his stall. [He can] be aggravated (giggle) or just plain [be] in a bad mood for the day, whatever the case may be. Or [maybe things are] just humdrum and everything. [But] when I open . . . the stall and hook him up to a lead rope and pull him out, he just turns happy and I helped to do that, and it’s kind of cool. [I like it] ‘cause it kind of helps lift my mood too.

Lauren previously talked about how “her horse” helped her feel “calmer” and more happy. It seemed to give her a deep sense of satisfaction to be able to somehow return the favor and brighten her horse as “he just turns happy”.

Another point in the circle of happiness that Lauren created started with her feelings of pleasing her equine friend. She further explained:

It kinda, kind of makes me happy, just to groom him and watch him get a shiny coat and everything it makes him feel better too. You can see his mood brighten and everything. It makes me feel better that I’m helping him while he’s helping me. So that’s my favorite thing.

Lauren was not alone in reflecting upon and talking about the changes in her life from EAT. Ryan divulged the progress and changes in his life as well. He said that after participating in EAT for a while:

I noticed a change in myself . . . because the horses are so soothing to me and it calms me down. I guess with my anxiety and just, I don’t know, [my] social dysfunction, [and] I guess now, since I have the PTSD and anxiety issues—being around the horses just really calms me down. It’s like my place of peace.

Ryan, like Lauren, mentioned the calming effect of the horse multiple times, as if just stating the peaceful influence once is somehow not enough to fully convey what this meant to him. “The [horse] . . . calms me down.” “Being around the horses just really calms me down.” And then a third time for emphasis, “It’s like my place of peace.” Ryan described something he especially liked was when he would walk out into a field:

And one of my horses will just come up to me and I’ll sit out there and pet it or talk to it or just go for a walk [together] or somethin’. And then that just brings peace to me and then I’m at ease. It seems like that’s – that’s pretty much it. I know it’s a lot of probably anger management. ‘Cause it seems like when I’m really frustrated the horses really calm down.

Based on his self-reports, Ryan experienced improvement and enrichment with the help of EAT, but the benefits did not stop there. Based on the gains in his life, Ryan was interested in

helping others. To do that, Ryan expressed that he needed to gain more knowledge and information so that he would know what to do and how to help.

So, I kind of wanted to know: what do I need to do to help more soldiers? With this equine therapy part, because I have the assets and I have the horses to do it. So I kinda wanted to do it, [to help], kinda like your research. That's why we're having this interview. I wanted to learn more about [what you are doing] to help other soldiers.

Ryan's progress had been so profound that he desired to pass along portions of his experience to the lives of others. Similarly, an older veteran also reportedly benefitted in encouraging ways.

A well-seasoned man in his 60s, Buddy had a rich venue of experiences to draw from during his interview. The openly warm and expressive Vietnam Veteran explained with apparent pride how EAT had positively impacted his life. Indeed, for Buddy, horses had been a major influence in his life since he was a young man and EAT helped fill a void.

During his time in Vietnam, Buddy had designated responsibilities and was ordered to take some difficult and traumatic actions during his years as a serviceman, actions that seemed to scar his life. Remnants of dark memories seemed to deeply stain his soul and his being. The mental scars seemed to have hindered him and pained him, but they had not overpowered him. With discipline and endurance, he was led back to a horse, which led him to utilize EAT. Based on his experience with EAT and once again interacting with horses, Buddy discussed the perceived benefits in his life. Speaking of these benefits, Buddy said, "You know, I think the big one is a restoration of hope. They [the horses] – they give me a purpose that is missing without them. And they give me a deep sense of peace that nothing else does."

At times during his interview, Buddy spoke very deliberately and slowly, with a high resolution of thought, towards his next carefully placed words. Later in his interview, he seemed to dive in deeper as he expressed the feelings that connected him to his silent but strong equine

friend. In measured and carefully articulated words, Buddy explained: “There’s a . . . (long pause) . . . deep sense of connection or reconnection that I get from – from being with a horse.

And that has a broad impact in my life.”

Buddy’s declarations seemed to mirror a man who had taken time to focus and reflect on his life.

Later in his interview, Buddy continued:

And what [the] horse give[s] to me is a new sense of who I am. Who I really am. And it’s like they [the horses] – [when I am with them] I experience . . . a divine presence. They represent the whole (Buddy draws a “whole”) universe. And when you are grappling with PTSD that’s a really big deal. So that’s what I experience from them. [That’s what they give me.]

For Buddy, the horses reportedly helped to give him “a new sense of who I am.” With and through them Buddy has experienced feeling more whole and complete.

Rebecca, small in stature and both deliberate and quick-witted with her answers, offered information that went beyond the research interview questions. She seemed anxious to convey and show how much EAT had improved her life.

Rebecca was not a retired veteran but rather was an active enlisted personnel with the United States Armed Forces who still proudly and honorably served her country at the time of our interview. Although she was only in her mid-20s, Rebecca seemed years past her age in terms of her presence, her style of speech, and the no-nonsense way in which conducted herself. Rebecca was upfront and to the point and hers was the shortest, yet most powerful, interview that I conducted.

With a bright, elegant smile and words that flowed quickly but smoothly, Rebecca allowed me into her world as if we were friends from childhood. If we had met under different circumstances, I would not have guessed that she had to dealt with agonizing trauma or that her experiences led her to utilize EAT.

Like Buddy, Rebecca, spent years as a child around horses, and she was aware of the benefits that horses can bring into an individual's life. For Rebecca, the horse-related benefits from her childhood carried over into her adulthood. When asked whether EAT had provided her with any benefits, she emphasized: "I am able to not get so anxious in daily situations. I am able to have more body control. So I don't – if I have a panic attack, I don't lock up. I can actually function."

These words did not capture the look of sheer relief that came across her face when she offered this report of personal progress; she appeared as if a burden had been lifted from her shoulders that had lingered for years. As Rebecca continued, expressing joy and gratitude, these two qualities were reflected in her face. Radiating peace, she stated: "I've been a lot happier since I started [EAT]. And I have better time management, better communication skills. [I also have] better listening skills and [I am] just overall a lot happier and calmer than what I was before."

Like other participants, Rebecca used the words "happier" and "calmer" to define the benefits she had experienced from EAT. However, like others, the battle against trauma had not been decisively and permanently won. Along with her happiness, Rebecca expressed some reservations and spoke about challenges of the future. When asked about her experience and her hopes for the future, Rebecca was quiet for a long time. Following her lengthy silence, she replied:

I [would] like to be able to be where I don't have to worry about when my next panic attack is [gonna hit]. Or when the next time I am going to have an emotional breakdown is [gonna be]. Not having to stress out about things.

Rebecca's concerns about her emotional and psychological stability were valid and perhaps EAT will continue to help her improve in those areas. Unlike Rebecca, Charlie was still haunted by some of his service experiences, even after many years of seeking help.

Like Buddy, Charlie was a Vietnam Veteran in his 60s, and like Buddy, Charlie was still haunted by thoughts that have consumed him since his time of service. Similar to Buddy, Lauren, and Rebecca, Charlie's involvement in EAT was not his first close exposure to horses. Charlie's interest in horses began at an early age and he was no stranger to the comforting power of a horse. Charlie's involvement in EAT evolved from the help of a loving and determined family member who urged him to give it a try.

Charlie was one of the kindest and most sincere men I have had the pleasure with whom to speak. However, his service for the United States during the Vietnam War left him with psychological scars—and with burdens that he had carried on his shoulders since then. Indeed, it was those ongoing burdens that prompted one of his family members to reach out on social media for help and through them, Charlie, and his family learned about EAT.

With his soft and gentle voice, Charlie spoke to me about his medical condition and the other struggles that he lived with daily. Charlie also spoke of how EAT has helped him confront and battle his profound challenges head on.

Charlie's passion for horses at an early age came from a family member he idolized. It seemed that, for Charlie, EAT took him back to a safe place that was previously charted. This made the transition to EAT much easier and exciting than the previous efforts of help that Charlie had sought. He explained that one important principle he had gathered from EAT was that:

With anger management, one of the issues that [you wrestle with] there is . . . to analyze the situation and kind of use your mind to think through things, as opposed to just reacting. And [EAT] has been a big positive as far as dealing with [learning to do that in] different facets of life.

With all of his years of experience with EAT, horses had the power to help Charlie battle with his most potent challenges. Charlie put some of his demons to rest with the help of horses through EAT.

To summarize the second core theme, we learned that Lauren left her EAT sessions calmer and happier than when she started the day. She also realized that animals could play an important role in her life and could sooth her. Ryan reported that he was better able to calm himself and his emotions of rage after he had walked with “his” horses. Ryan viewed his “new self” as a more powerful person, because he now knew how to counter balance his negative feelings positively. For Buddy, horses reportedly helped him to find out who he really is—and to help him develop a purpose in his life. Rebecca was better able to calm down herself since she became involved with EAT and was also able to find happiness faster and on more occasions, although concerns about her psychological future remain. Charlie was able to gain a more controlled grip on his issues with anger management. Each of these participants saw at least some life improvements due to their EAT experiences.

The participants’ regained additional hope as they found themselves, or a “new” self, as well as a renewed sense of purpose through EAT. With time, EAT engagement, and help each of these participants was aimed towards recovery and living life.

When a horse is “at Liberty”, it is free from any restraints and is free to roam and play however and whenever it wants. With the help of EAT, some participants were able to recapture

that essence of Liberty in their own lives. This third core theme captures the thoughts and spirits of those participants who once again found Liberty.

**Theme 3 - At Liberty with Life: “And I Just Made the Decision that I Was Going to do Whatever I Could to Have Horses in My Life for the Rest of My Life.”**

Each of the participants made the choice to actively defend and fight for their freedom and the freedom of other Americans. The time arrived again, for each one to make a decision, however, the decision was whether or not to fight for their freedom from the traumatic experiences that terrorized them. The third core theme shows how each participant strove to find freedom from trauma.

Ever-articulate and seasoned Vietnam Veteran Buddy weighed in with a statement that focused on the positive effect horses can have in one’s life. Buddy’s choice to rekindle his involvement with horses seemed to be an important part of the choice he made to live happier and healthier. After discussing the benefits he received from EAT, Buddy reported that: “I just made the decision that I was going to do whatever I could to have horses in my life for the rest of my life.”

Rebecca, with her elegant smile and words of a poet, could not have been less like Buddy physically, but like him she reported some benefits from her time with horses and the decision she made to get back in the saddle, both figuratively and literally. She revealed how EAT was compatible with her life and positively influenced her wellbeing. Like Buddy, Rebecca did not see EAT as a brief intervention or quick fix. This young, mature woman realized that EAT was something that would remain a constant in her life in order for her to grow and regain her life. Rebecca reflected:



I will continue to utilize an equine program as long as I can. I only have two years left in the military, but I will continue to use [EAT] for as long as I possibly can. Even if I get out [of the military].

Rebecca intended to continue her weekly sessions of EAT, even after she no longer has military benefits and must pay for the sessions herself, because of the positive impact it had on her life. These benefits included freeing herself from the internal reins that held her back. She found that she was able run her life at her own pace, to enjoy and love her life as she saw fit. A result of her time with horses was the feeling that she was close to being at liberty with her life. The same progression seemed to hold true for Charlie.

Charlie defined and highlighted in great detail the areas of his life affected by his relationship with horses. He explained:

Well, I have been involved with horses most of my life. And I have been a participant in therapeutic horse riding at different stages. So it's been something that's ongoing for a number of years [in my life]. But, I have worked horses, like I say, and been around horses most of my life [and want to keep it that way].

Like Rebecca and Buddy, Charlie felt and found a sense of comfort, and perhaps liberty, ease, and freedom, when he was around horses.

Most people intend to keep and utilize feeling free and maintaining freedom through conscious daily decisions, but the restrictions of traumatic and tragic experiences tear away the sense of liberty and freedom, and one must make the conscious decision to take back their freedom. As Buddy stated, "I just made the decision that I was going to do whatever I could to have horses in my life for the rest of my life." Similarly, Charlie indicated that he had been involved with horses and EAT throughout his life. They both experienced and were aware of the benefits they experienced when they were with horses. Similarly, Rebecca mentioned that she intended to utilize EAT, even after her she retires from the military. The third core theme, "At

Liberty with Life,” is evident as these participants experienced and reported benefits of interactions with horses and the world of EAT. Each of these participants made a lifetime commitment to remain involved with and active in that world, perhaps because it helped them to regain their sense of freedom and the priceless feeling of being free.

At the commencement of the Findings section, I introduced the participants and conveyed and illustrated how the participants started their journeys of healing with support, how they were able to redefine their lives, and how they fought for their freedom and sense of “liberty with life” once again. However, there were some darker reasons why each participant sought and utilized EAT. The core theme of “Psychological Cocktail: ‘It’s a . . . it’s a . . . it’s a very . . . very long journey’”, explores the traumatic place where each combat veteran and interview participant lived—and still dwells on occasion.

#### **Theme 4: Psychological Cocktail: “It’s a... It’s a... It’s a Very... Very Long Journey.”**

Effects from traumatic experiences can cause the development of mental restraints and can be accompanied with an array of symptoms and affects. “Neurological deficits produce several symptoms including disordered social behaviors, uninhibited emotions, slowed cognitive processes, and the inability to multitask” (Corrigan & Cole, 2008, p. 271). These harmful effects not only hinder the individual, but also can negatively impact others in their lives as well. The journey from deep trauma back to relative normalcy and a sense of that being “At Liberty with Life” of theme 3 is often a difficult one.

The core theme of “Psychological Cocktail: ‘It’s a . . . it’s a . . . it’s a very . . . very long journey’” provided some insight into the struggles the participants faced. Each participant expressed the afflictions with which they have dealt daily following their traumatic experiences

in combat. The accounts that follow are not based on theoretical possibilities, but rather these reports are declaratives—reflections of the participants’ first-hand experiences.

Traumatic experiences can bring profound devastation and grief to the people who are affected by them. Some refuse to talk about traumatic experiences while others engage in constrained or even open discussions. The participants varied in their openness and how much they were willing to share about their traumatic experiences. All of them opened up to some degree and some were detailed and graphic in their reports and recollections. Some participants’ reports provided a view into the conditions they confronted in combat and the residual effects that they face daily because of their traumatic experiences.

Lauren openly discussed her psychological condition. She also explained how, after her diagnosis, she was able to find and utilize her EAT program. Lauren stated that: “It’s offered through the Warrior Transition Battalion (WTB) for people who have PTSD and anxiety and . . . other issues – psychologically. And I personally do it for anxiety.” Lauren also revealed that she had been diagnosed with PTSD in 2007 and anxiety disorder in 2014.

Ryan’s traumatic experiences caused him to literally feel the need to walk alone, [distancing himself from others] in crowds. Ryan’s residual trauma was still evidenced by his fear for his life and his high-intensity reactions to loud noises and explosions, such as those associated with fireworks on the Fourth of July. Ryan’s ongoing fears of destructive or fatal forces that perceived to be in his immediate surroundings, and his fear of projectiles that could be sent in his direction, have led Ryan to view his world with suspicion. He addressed both of these fears during his interview and reported:

Ever since I got back from Afghanistan in ’05 . . . I’ve been working on it, tryin’ to find out why I am afraid of crowds. Why [do] I back myself in a corner all the time? Just keeping everything in front of me. [Why am I] getting sweats and stuff whenever I get

into crowds? You know, [my] heart racing like crazy, you know, when certain situations happen, [especially] loud noises. [On the] Fourth of July, frickin' hearing whistles . . . Man, that gets me.

At a time of joy, fun, and celebration with his family and friends, Ryan felt he must guard himself because of the commandeering instincts from his traumatic experiences. Ryan further explained:

I always think of RPGs (Rocket Propelled Grenades), man. I'll hit the damn ground if I hear a whistle – [like a] bottle rocket, man. My wife thinks I'm crazy, but it's the first [noise] I hear. [Anytime I hear that high, whistling sound], it just startles me, it's just one of those noises you never forget.

Ryan was not alone in carrying the long-term burden of combat-related PTSD. Buddy shared some of his afflictions and where they have led him in his life. Buddy explained, "I have a really severe [case of] PTSD... As I grappled with my PTSD, I learned of an Equine Therapy Program in [location deleted to protect anonymity]." With the help and encouragement of loved ones, Buddy reached out and involved himself in EAT and reported related benefits.

Charlie openly shared much about his life and the situations and the challenges with which he contends daily. Although it has been 45 years since Charlie's tour of duty, he still battles the effects of trauma from his combat experiences. He related to me, "Well, I have night scares and I have some anger issues and I have . . . (pause – and a deep breath) . . . We're – we're still working at the PTSD situation."

A commonality for my participants was their combat-related PTSD. Male or female, Vietnam Veteran or Afghanistan, retired or active, PTSD was their shared demon. Additionally, most experienced issues with other challenges in their "psychological cocktail", including various anxieties, levels of depression, and phobias. For almost all of the participants, however,

EAT was a powerful coping tool for battling the effects of their combat experiences. There was, however, one exception; Kevin was the wild card or counterexample among my participants.

Kevin did not have ill or malicious feelings towards EAT but in a sincere and honest way, his report contradicted the positive experiences of the other participants. Essentially, Kevin did not see EAT as helpful as he wrestled with coping with his own psychological cocktail.

Kevin dedicated 20 years of his and his family's life to military service. He struck me as a direct and honest man who, now in his 40s, enjoyed the gifts of life with his family. He articulated openly in our interview about his life—and about his relatively ineffective experiences with EAT. Kevin came to use EAT because of his severe PTSD. He said:

[I am] still battling this condition. It's a . . . it's a . . . it's a very . . . very long journey. Right now my medication manager has, uh . . . has stabilized me with meds. And my therapist and I are working on the trauma. So it's a life long journey.

Kevin noted that his journey would be a very, very long one, similar to the other participants whose lives had been profoundly and negatively affected by traumatic combat experiences. Many of them reported that at some point in time, it seemed that they would never be able to overcome the damage and the pain, and leave their trauma-riddled selves behind. With their powerful and positive experiences from EAT, most were able to regain control of their lives, to progress, and to heal. This power of progression and healing enabled them to regain balance and to walk forward again in a new light.

The central message of core theme 4, “Psychological Cocktail: ‘It’s a . . . it’s a . . . it’s a very . . . very long journey’”, is that every participant’s life had been permanently altered by deeply disturbing combat experiences. Lauren had wrestled with her PTSD since 2007 and her anxiety disorder since 2014. Ryan had walked himself out of the corners into which he had put himself because of his lack of trust in people; (years later) he still hits the ground every time he

hears a bottle rocket, thinking it is an RPG. Lauren and Ryan's almost ten-year struggles pale in comparison to the 45 years of flashbacks experienced by Vietnam Veterans Buddy and Charlie, both of whom face challenges with their severe PTSD. Nearly five decades after the experience, Charlie still has some sleepless night due to his night scares. Like the others, Kevin is on a life long journey with his severe PTSD but for him, EAT does not seem to help; perhaps Kevin's problems are bigger than the horses are. The important take-home point of this core theme is that every participant interviewed, every combat veteran who shared their story, will live with their afflictions, their own painful psychological cocktail, for the rest of their lives.

The participants inhabited some dark places, however there is a brighter, and more hope-filled area of their lives—a place where each individual realizes that some dreams can still come true and a peaceful place is found. The fifth core theme highlights what happens when new breath is taken in and new hope begins to bloom.

#### **Theme 5 — Same Leopard, New Spots: “I Can Go Out and Escape My Mind.”**

This core theme explores how participants were able to learn to be themselves—to become more like who they were before their traumatic experiences. Participants discussed how they changed habits acquired after their horrifying experiences. Essentially, they [the participants] have “changed their spots”.

Lauren reached deeply inside as she discussed her “new self”—the self that emerged following her EAT experiences. During her interview, I could observe and see her facial expressions and bodily posture change as she discussed her life after EAT. She seemed to leap into her responses and it appeared that a great barrier was brought down as she spoke about her interaction with the horses. At times, she double-checked to see if her positive feelings were “okay”. She also wondered out loud whether she should care as much as she did for her equine

partner and his feelings. Lauren's scars seemed to be deep enough that they often did not actively allow her to acknowledge and permit herself to "feel good". She seemed reluctant to fully experience happiness after all of the trauma and pain she had endured. Lauren explained that she has learned to relax a little bit more.

Being able to sense that her body language feeds into her horse's body language, Lauren is aware of a connection. She reportedly strove to be more adaptive and to soothe herself in those times of uncertainty. Lauren has learned that finding and maintaining a relaxed state and remaining in control of one's emotions and fears helps you to avoid losing control of the horse. A relaxed, calm state is contagious, but so is a nervous, agitated one. Lauren learned that for good or bad, her emotions were bigger than she was and influenced the environment around her.

Like Lauren, Ryan was deeply connected to horses and explained that he felt more comfort when he was in the company of horses than people. Typically, Ryan disliked being around other people, especially crowds, however, being around horses put him in his comfort zone, even if there were other people around.

Although he was susceptible to being uncomfortable or even panic stricken, Ryan reportedly found his version of "soothing, calming . . . yoga" with in his interaction with horses. They were his key to finding his "chi", his positive energy. The horses' peaceful, relaxed, and calm state helped Ryan to feel calm and to stifle his combat trauma and terrors. The negative, trauma-induced, knee-jerk reactions that had become normal habits for Ryan subsided when he was with horses. Ryan progressed to a point where he has shifted some of his focus to helping horses and others that are in need of calming their personal storms.

Ryan further detailed how horses and EAT helped him to come out of his dark place. He reflected:

Sometimes, I . . . I'll just walk out into a field and one of my horses will just come up to me and I'll sit out there and pet it or talk to it or just go for a walk or somethin'. And then that just brings peace to me and then I'm at ease. It seems like that's . . . that's pretty much it. I'd . . . I know it's a lot of probably anger management. Cause it seems like when I'm really frustrated, the horses really calm [me] down.

Ryan discussed his progress and self-perceptions and further explained his emotional state:

Yeah, yeah, I think being around horses helped me open up a little bit more . . . socially. Because, once I got back I kinda closed shop and [I] kinda introverted myself and stayed away from people. There's . . . things that are unexpected always happening [and it winds me up]. [But] when I'm out there with the horses and stuff, I . . . I don't get that anxiety like [I usually do] . . . being in a real crowded place. Horse shows are real crowded, but when I'm around horses I don't get that . . . that spike of anxiety [or] uncomfortableness. I'm really comfortable around [the horses] and around the people who are around horses too.

Ryan's reported the horses "bring peace to me" and help to put him "at ease", despite all that he had been through. He was able to move past his post-deployment aversion to being around people and to arrive at a point where he was "really comfortable around [the horses] and the people who are around horses too." Previously, Ryan admitted that he had a way to go and that he still had bad days. Even so, from his perspective, his contact with horses had been a significant help in finding some "new spots" in his post-combat life.

Buddy was decades older than Ryan but articulated that EAT had similar effects on his life, and that he had feelings for the horses were similar to Ryan's. Buddy spoke of the powerful, moving experience that EAT had been for him. Words transcribed from the interview cannot capture or convey the overwhelming emotion and sincerity of the tones of his voice. The words he spoke included these, "[I can't explain] the sense of connection that the horse gives me. The sense of peace that the horse gives me... (Long pause).... The relaxation that the horse gives me. "



Like Ryan, Buddy referenced a “sense of peace” from interacting with the horse. Buddy also referenced an aura of relaxation and a “sense of connection” he gained from the horses. These benefits seem similar to the ones that Ryan tried to describe and capture verbally when he summarized, “Horses are my ‘chi.’ So [being with the horses], – it keeps me calm.”

Rebecca, the youngest of the participants, had experienced the love and influence of horses since she was a child. Rebecca remarked on the dramatic turn-around she had seen in her life since utilizing EAT. As she reflected on all of her perceived benefits, Rebecca felt a desire, even a sense of urgency, to share her experience and the core emphasis of EAT with one of her work supervisors. She thought that person would benefit from the underlying opportunity, power, and experience available through EAT. I do not know if she followed through, but based on her apparent enthusiasm, she clearly was eager to share her experience with her direct supervisor and others.

In discussing her EAT experience and interaction with the horses, Rebecca reflected on personal changes she had seen and made. Based on her self-reports, in addition to improving her skills in cooperative living, Rebecca also found more useful ways of escaping the box that contained the remains of her traumatic past. She related that being with the horses was helpful as the time with them helped her to be “able to essentially get out of my [own] head [for awhile].”

Going to EAT provided an escape. Rebecca continued:

I am able to get out of the office and kind of relax. [I am able to shift and] just not focus on the daily stressors or anything that might be troubling me for that week. I can go out and escape my mind.

Rebecca reportedly saw positive personal changes in her life that seemed to result from EAT. She liked the growth and progression she saw and she was proud of her “new spots”.

In review and summary of this fifth core theme, “Same Leopard – New Spots: “I can go out and escape my mind,” Lauren reported that she had found a great comfort in her EAT sessions, and that the time with horses has made her “a lot calmer and happier” and had enabled her to become more relaxed in her daily routine. Ryan, who struggled with PTSD, anxiety issues, and an aversion to people, was more able to tolerate being around people when he in the company of horses. He saw progression in himself and was reportedly calmer, at least in certain places and situations tied to horses. Buddy mentioned how the intense bond between him and horses had made him more relaxed and provided him with a great sense of peace, and a strong sense of connection to the horses themselves. Finally, the “escape” of EAT and time with horses had instilled a newfound happiness in Rebecca and had reportedly enabled her to become a better-engaged person at work.

The participants were each unique individuals but not everyone reported the same quality of experience and positive change that Lauren, Rebecca, Buddy, and Ryan did. Indeed, EAT was not for everyone. The following two core themes center on counter narratives relative to EAT and documentation drawn from my in-depth interview with Kevin. His openness about how ineffective EAT was for him shone a different, contrasting light on the subject, and is important to acknowledge and consider. Theme six highlights how EAT did not work for one interview participant.

#### **Theme 6 — Wrong Direction: “In Fact I Rejected the Equine Program.”**

This core theme presents a counter-narrative that demonstrates that EAT is not beneficial to everyone. In this core theme one participant of an EAT group did not perceive any benefits. Indeed, Kevin thought that, at best, he just treaded water, and that at times he seemed to almost

be going backwards with the EAT sessions, while the rest of his group appeared to be moving forward and progressing.

During our interview, Kevin was honest and candid and seemed to have been travelling on a long personal journey from his traumatic experiences; he held nothing back regarding his feelings about EAT and why EAT did not work for him. He was honest and bold in his dialogue with me and his insights are of special worth because they contrasted and counterpointed those of the other six participants.

One key difference was that Kevin thought that the EAT program was forced upon him. Unlike other participants who began EAT due to the loving support and encouragement of family members, or because that had a positive personal history with horses that went back to their childhood, Kevin thought that he was “thrown in” and that his involvement was not based on his own choice. Thus, Kevin completely pushed away EAT and the horses. Not only did he not enjoy the program, he offered explicit details on why and how EAT did not work for him. He told me, “I didn’t improve. In fact, I rejected the equine program.” In response to the question if EAT had been helpful in any way, Kevin retorted:

NO! In fact the instructor, the therapist in the program, tried to force me to continue in the program, which only made my anxiety worse. And the horse reacted negatively as well. I started leading the horse as if I was leading a cow in a showmanship – forcing the horse. And the horse would then lock up all four legs and stop. The horse knew that I did not want to be there, and [it’s true], I didn’t want to be there. So we would just sit there together and ride out the time.

Kevin offered additional points about the program’s committee members, whom he saw as well intentioned. He explained, “The instructors were nice, they were all really nice. [They were] just not understanding why this one person out of everyone [in the group] they had did not react positively to equine therapy.”

Kevin seemed to have a strong sense of who he was as a person, and he recognized what he needed and wanted to do for his own personal growth. However, pronounced unwanted coercion into the program was not the right path for the soldier. His lack of enthusiasm was evident to the horses, and his negative body language seemed to make things worse. Kevin discussed his anxiety and reluctance to appropriately lead, conditions that declined as EAT continued. Kevin related that:

My condition got worse with having to lead a horse. And the horse picked up on that. And [the horse] rejected me as well. I felt more comfortable sitting with the cat – the barn cat, then doing any type of treatment with the horse. . . . The simple fact is [that] part of my PTSD condition was [tied to] leading troops in combat. So I wanted nothing to do with any kind of leadership at all. [And that] include[d] [leading] a horse.

Interestingly, Kevin did find some comfort from “animal therapy,” but it was not from a horse, nor from fellow (human) participants. Kevin’s comfort came from the barn cat that he referenced. He later related:

Yes, yes, my group was there. And they knew that I did not want to be with the horse. They knew I liked being with the cat. In fact, I brought treats for the cat. The reason I enjoyed the cat over the horse is because I knew that the cat, if the cat wanted to stay with me, it would stay. If it wanted to leave, it would leave. So [that barn cat] was more comfort [to me] than the horse.

Kevin’s comment raised both psychological and animal therapy issues outside the scope of this paper, but it is shared as a part of his experience.

Regarding Kevin’s personal context, most of the other participants had their several members of their support group in the immediate area with them who were available and in close proximity. Kevin lacked that immediate attention and support and he explained during his interview:

My support group outside of the [EAT] session was too far away. My wife was in California, my former Brigade Commander was in Washington, D.C., my Brigade Commander was in North Carolina. I had no outside support group at all.

It is possible, even probable, that Kevin's circumstance of "no outside support group at all" affected his chances of a successful EAT experience. Any form of therapy can be deemed ineffective without the assistance of some kind of support group.

To summarize core theme six, Kevin declared that he did not benefit from the EAT program. He noted that his instructor and EAT therapist did not understand his failure or his negative reaction to EAT. Kevin reported feeling forced into the EAT sessions and thus experienced an inverse reaction. Two factors that contributed to Kevin's negative experience contrasted with the predominantly positive experience of other EAT participants whom I interviewed: (1) Kevin did not want to be involved in EAT the sessions, and (2) Kevin's support system was not in the immediate area for him to access and rely upon when he needed them. These factors, among others, led to Kevin's negative view and ultimate rejection of EAT.

As the lone soul in a group who is not gaining anything from an experience of which all other participants seem to be deriving benefits, that lone soul feels different, even ostracized. Kevin conveyed these feelings in his counter-narrative. As he reflected on his EAT experiences, he expressed his opinion that, "It's not a – it's not a program that fits everyone. I was just the odd man – that anomaly that the program just didn't help." Kevin went on to explain that he knew what is best for him and his journey of healing and his future journey will not include EAT. He summarized, "No . . . I will not go back to an equine therapy [program]." In summary, Kevin's negative experiences led him to resent EAT and horses.

This theme and the associated counter-narrative painted a picture of why EAT did not work in one individual's case. For the other participants, however, the journey of recovery and EAT combined for the ride home together.

Though EAT was not part of Kevin's path of healing, the other participants found that EAT offered them a foundation of support and helped them establish new outlooks on life, and handling certain situations. For those who benefitted, EAT reportedly helped them to learn to live again. They moved to a place where they could once again enjoy life with a fresh perspective and a new and clarified focus. Several progressed towards new possible and attainable goals, a segue to the seventh and final core theme of "Learning to Live Again: 'I've been beaten up and beaten down before [but] I know what it takes to get back healthy again.'"

**Theme 7 — Learning to Live Again: "I've Been Beaten Up and Beaten Down Before [But] I Know What it Takes to Get Back Healthy Again."**

The seventh and final core theme captures how the participants rebuilt their lives and learned how to live again. Lauren provided an observational experience, in addition to her interview. I had the opportunity to see Lauren utilize EAT before we spoke in our interview on-site at the EAT facility. As I watched her with her horse and listened to her vivid, detailed explanation of her experiences with EAT, I could see and feel that this respectful woman finally saw light at the end of a once dark tunnel. Lauren seemed to know what it would take to successfully travel her road of recovery and to prevail at the end. She clearly had found both confidence and hope, in spite of the trauma she had endured. Lauren reflected:

I've learned to relax a little bit more. [I've learned that] not everything is bad. . . . Horses are another living being. And if you're bad to them they're bad to you. If you're good to them, then they are good to you. So I mean, it teaches you how to trust a little bit. 'Cause you have to . . . [I mean] this, this animal's huge – he could crush you, he could break your bones, he could do anything. But he doesn't. And I think that's a [part of the] trust that it helps build.

Later on in her interview, Lauren revisited the issue of trust and what she has learned from her interactions with the mount she calls "my horse". She said that it is:

Kind of freeing to be able to relax and trust a lot more. I can do that when I'm out there. 'Cause I have to be able to trust my horse not to hurt me. And I have to be able to, be able to, um . . . [Well,], if I'm not relaxed, then he's not relaxed. And when I . . . open the stall and hook him up to a lead rope and pull him out, he just like turns happy and I helped to do that and it's kind of cool. . . . It kind of helps lift my mood too.

Like Rebecca, Buddy, Charlie, and Ryan, Lauren attributed several benefits and positive changes to her interaction with her horse. Lauren mentioned increased trust, relaxation, and an awareness of a tie, a connection.

Lauren was fortunate to have people in her life who were “foundation blocks of support” (Theme 1). In addition to other people, Lauren found power in her own journey by making sure that her equine partner (“my” horse) was in a state of joy and relaxation as well. EAT and the human-horse connection she experienced was reportedly a significant help to her.

Ryan, who is now helping fellow soldiers, felt a connection to and with multiple horses at the EAT facility where he participated. He developed a feel for the personalities and quirks of the different horses and seemed to have a special soft spot for the horses whose “soul is just kind of beat up”. Ryan seemed to see something of himself and his pain and trauma in those horses, and this connection stirred his sympathy and compassion. Near the end of his interview, it was unclear whether he was talking about “beaten up” horses or “beaten up” people; it was likely that he was talking about both. Ryan explained, “When I’m around, [the horses], they’re super, super calm. When I leave, [there’s one horse], like she’s one high strung one. But, when I’m around the horses are really calm, they’re best behaved, they listen.”

Ryan continued:

I just feed ‘em, I don’t ride ‘em or anything. So they trust me. And that’s kind of like a challenge [to me], you know. [Someone will say], “Ah, that horse is crazy,” [or] that horse is this and that. And I’m like, “No, its soul is just kind of beat up.” I said, “It’ll take me a little while, but . . . I’ve been beaten up and beaten down before. I know what it takes to get back healthy again.”

Ryan discussed a personal challenge that he enjoyed:

[I try] to get that trust [from the horse]. So I just work with that animal and get that trust. And they end being the best horses in the world. You know. And that's – that's awesome. So, that's why I said this [EAT stuff] is [also] about paying it forward, you know? I want to keep doin' it.

Lauren's and Ryan's progress and meaning were also captured at the end of my interview with Charlie. Charlie discussed how important and fulfilling aspects of EAT were for him. For Charlie, EAT was not just a physical activity in which he was involved; he expressed that being with the horses helped the mind and helped sort through "situations" in ways that bring greater peace. Charlie's summary statement revealed the true power and grace behind horses and EAT for him. He concluded:

(Long pause – deep breath) . . . Well, I guess the big thing is that with the horse program, it really strongly emphasized the non-[verbal] communication powers... When a horse locks on you . . . [there is a] power of that silence . . . and you know [that the horse is] just watching your mind, and the horse and its behavior is very power[ful]. That [sense of connection] relates to our whole life.

Charlie captured and provided his insights regarding how and why horses have been good for his journey through post-combat life. Charlie's experience was that the gentle giants find their way into one's soul and that they can help soothe the pain and trauma with a peaceful connection. Charlie's experience seemed to be the experience of six of the seven participants. Although the study is not generalizable, I believe that these findings provide some reasons, reassurance, and hope for a brighter future for other combat veterans. This point is discussed among others in Chapter 5.



## CHAPTER 5: CONCLUSION

What does this research offer to the knowledge base and what practical purpose does it serve? The study demonstrates and documents the importance and powerful impact that Equine-Assisted Therapy (EAT) had on a specific group of United States Military Veterans. More specifically, the findings offer additional support for Stokes' (2013) assertion that EAT "helps those veterans who have a difficult time transitioning after being in a situation where they were constantly on the lookout for explosives, snipers, and other threats that could surprise or harm them" (paragraph 6). The findings indicate the progress (reportedly *significant* progress) that all but one of the participating veterans made as they engaged in EAT. Participants' reports from the present study also parallel Macauley's (2006) and Klontz et al.'s (2007) observation that EAT allows many participants to close problematic chapters in their lives and can help individuals resolve issues, including profound struggles with PTSD and anxiety disorders.

Fine (2000) wrote that the animal in Animal Assisted Therapy (AAT) sessions be a catalyst for positive emotions, including laughter and joy, throughout therapy sessions; most of the participants in this study discussed emotional benefits from EAT that mesh with Fine's comment on AAT. Related research by Prothmann et al. (2009) noted that an array of people have benefited from AAT. Some of those whom benefited include: individuals with post-traumatic stress disorder; drug addicted children; children with learning disabilities and speech problems; cancer patients; AIDS patients; those with autism and/or disruptive disorders; Alzheimer's patients; substance addictions and/or behavior disorders; child offenders; and those who were sexually abused. Prothmann et al (2009) indicated that diverse groups have benefitted from AAT treatment, and they posited that animals are able to promote or provide a sense of calmness and support for a broad array of persons.

Norbeck (2009) observed that some psychosocial benefits associated with AAT include: improvement in self-confidence and self-esteem, along with emotional control, and enhancement with interpersonal skills, and a swing in their locus of control. Barker and Dawson (1998) similarly found that, “Animal assisted therapy was associated with reduced state anxiety levels for hospitalized patients with a variety of psychiatric diagnoses, while a routine therapeutic recreation session was associated with reduced levels only for patients with mood disorders” (p. 797), indicating that AAT may hold promise for a broader net of individuals with a wider array of struggles than some activity-based approaches to therapy.

Lefkowitz et al. (2005) observed that through AAT, animals promote and provide a long-term sense of relief from severe pain or inhibiting feelings, in part because animals present a pathway of attachment, closeness, and love without obligations and/or fear of judgment. These reports and observations about the potential for positive effects of AAT with diverse groups with a variety of challenges were confirmed and corroborated in the present EAT study of the lives of a particular and unique group of U.S. Combat Veterans, virtually all of whom wrestled with manifested PTSD and/or other psychosocial difficulties. Further, the present study provides additional support for Renon (2010), who noted the potential of AAT to enhance the communication skills of veterans, thereby facilitating a more full recovery in the social domain. Several participants self-reported related progress that they attributed to EAT.

AAT has been used throughout history; doctors ordered people with physical and psychological illnesses to start riding horses in the 1800s (All et al., 1999). Engel and Mackinnon (2007) noted that the first study of therapeutic riding was reported in 1875, and reported various benefits that helped individuals with physical and psychological diagnosis.

According to Shubert (2012), Boris Levinson was considered the pioneer of AAT. Shubert (2012) wrote that Levinson's dog established relationships with his patients when they visited his clinic. The human-animal bond between his dog and patients helped Levinson build and strengthen his own relationships with his patients (Shubert, 2012). His initial observations regarding how his dog and his patients bonded were not based on an intentional program of research; Levinson's discovery was essentially a fortunate accident but it was profound initial step in AAT. In addition to Levinson's reports, Florence Nightingale and Sigmund Freud also used variations of AAT in their medical practices. According to Fine (2006), Nightingale said that a small pet "is often an excellent companion for the sick, for long chronic cases especially" (p. 13). Freud recorded in his analyses that his dog's company gave his patients feelings of security and acceptance (Coren, 2002).

Besides Nightingale and Freud, other individuals and major organizations have adopted, used, and supported the use of AAT. According to Velde et al. (2005), the United States military commenced the use of dogs in hospitals as early as 1919. In the 1940s, Pawling Army Air Force Convalescent Center in Pawling, New York, reported using AAT (Bekoff, 2007). The Pawling Center treated emotionally troubled veterans during their recovery. Overall, those involved in early and subsequent efforts found that "Animal assisted therapy was associated with reduced state anxiety levels for hospitalized patients with a variety of psychiatric diagnoses" (Barker & Dawson, 1998, p. 701).

Becker (2002) noted additional benefits from AAT to participants, including the observation that animals can increase the patient's/participant's quality of life by providing support, trust, and companionship. Conversely, the trust of horses is not easily won or given away but rather respect is demanded in order to give respect (Baugh, 2009). A horse's main

form of communication is body language, both their own body language and their ability to read the body language of other animals and humans. Indeed, Hallberg (2008) observed that horses are able to read the slightest change in body language. Equine sensitivity is why body language is a key component in EAT sessions. Good body language between the horse and human foster acceptance, trust, and love between horse and human, but mutual sensitivity is required.

Sensitivity is only part of the EAT story. As Sader (N.D.) stated, horses “have a variety of ‘herd dynamics’ such as pushing, kicking, biting, squealing, grooming one another, and grazing together” (p. 1). During grooming, a major component of EAT sessions, the more “wild” part of the horse’s temperament is soothed as the horse accepts and (ideally) increasingly welcomes the human who provides this routine act of daily care for the horse over time. The gentle touch, care, and affection that come from a human during grooming facilitates social acceptance into the horse’s world (Keaveney, 2008). However, both the horse and the human benefit, as Matuszek (N.D) observed, “Such activities as talking, petting, grooming, or meeting the needs of the animal can help the patient’s state of mind” (p. 198).

The healing powers that pets and animals afford provide and promote confidence for veterans who feel excluded due to the mental illness, challenges, or instabilities with which they contend daily (Renson, 2010). Shubert (2012) offered a partial explanation, by noting that: “Animals are seen as useful in changing such behavior because, unlike many people, their feedback is both quick and honest” (p. 24).

When dealing with veterans in their recovery stages, many no-nonsense veterans appreciate the feedback offered by horses. Immediate feedback and the horse’s honesty are welcomed, even if that feedback is, “You are not coming near me until you calm down.”

Even if veterans are not able to fully engage with the animal, there is typically an overall positive effect. Williams and Jenkins (2008) concluded that humans benefit from the relationships that they build with animals through the noble acts they do for the animals in their care. As the human lets the animal into their world, so does the animal allow the human into its world.

The effectiveness of equine therapy specifically has been demonstrated within the medical world with many kinds of diagnoses. Kuropatkin (2013) summarized:

So whether it is a five-year-old with autism, a veteran dealing with PTSD, or a senior citizen battling dementia, research shows that individuals of all ages who participate in EAT can experience physical and emotional rewards through the unique relationship formed with the horse that can lead to increased confidence, mobility, and self-esteem (p. 33).

Kuropatkin (2013) reinforced that equine therapy can play a major role in psychotherapy for

“veteran[s] dealing with PTSD,” the reality of which is that PTSD and related psychological damage is one of the biggest ailments of returning veterans (Sader, N.D.). Even more urgently, these conditions contribute to the alarming veteran suicide rate of one suicide every 65 minutes of the day.

Within the body of this research paper, seven core themes were presented as the results of a qualitative analysis of in-depth interviews. These themes highlighted reportedly key and foundational components of how EAT influenced the participants' lives. Those themes were:

- a. Foundation Blocks of Support: “My Mom, My Husband, and My Instructor.”
- b. Finding “Me” and My Purpose: “It’s Like My Place of Peace.”
- c. At Liberty with Life: “And I Just Made the Decision that I Was Going to do Whatever I Could to Have Horses in My Life for the Rest of My Life.”
- d. Psychological Cocktail: “It’s a... It’s a... It’s a Very... Very Long Journey.”

- e. Same Leopard – New Spots: “I Can Go Out and Escape My Mind.”
- f. Wrong Direction: “In Fact I Rejected the Equine Program.”
- g. Learning to Live Again: “I’ve Been Beaten Up and Beaten Down Before [But] I Know What It Takes to Get Back Healthy Again.”

The first theme, Foundation Blocks of Support: “My Mom, My Husband, and My Instructor”, highlighted the importance of support in the participants’ lives. Lauren relied greatly on three friends, even though they lived a great distance from her. Ryan stated that his wife was “number one” in supporting him. Buddy found great comfort and support from his Vietnam Combat veteran friends who also struggled with PTSD. Rebecca remarked that her mother and husband were her supports. Charlie explained that, “My wife, my daughter, my grandchildren” were upon whom he relied for his support. The talking point from Theme 1 was that most individuals who benefit from EAT have other valuable and meaningful foundation blocks of support in their lives.

The second theme of “Finding “Me” and My Purpose: “It’s Like My Place of Peace” reflected on the participants’ newfound feelings. Lauren said she left her EAT sessions calmer and happier than before she engaged in the sessions. Lauren also recognized that animals could play a vital and comforting role in her life. Ryan calmed himself and his emotions more rapidly and effectively after he walked with “his” horses. He also envisioned his “new self” as a dominant person, because he learned counterbalance his negative feelings in a positive manner. Buddy reported how horses helped him find who he really was—and to identify a “concrete purpose” in his life. Rebecca was able to calm herself since she became involved with EAT. Charlie was reportedly better able to control his issues with anger management. The significant

element of this theme was that each of these participants saw and identified specific life improvements due to their EAT experiences.

The third theme, At Liberty with Life: “And I Just Made the Decision That I Was Going to Do Whatever I Could to Have Horses in My Life for the Rest of My Life”, captured the veterans’ struggles to regain a sense of freedom in life. It is, perhaps, cruelly ironic that these combat veterans lost their personal sense of psychological freedom while fighting to protect the freedom of others. Feeling stripped of their senses of liberty and freedom, these veterans strive and struggle to take them back. Most of the participants reported that their time in EAT helped them in this fight to reclaim freedom from fear. For example, Buddy indicated, “I just made the decision that I was going to do whatever I could to have horses in my life for the rest of my life.” Rebecca also remarked that she will continue to utilize EAT for the remainder of her life. The primary component of this third core theme is that each of the aforementioned participants expressed a desire for a lifetime commitment to, and activity in, EAT.

Theme Four, Psychological Cocktail: “It’s a...It’s a...It’s a Very...Very Long Journey”, revealed the profound struggles that the participants endured when dealing with severe psychological afflictions. Lauren had PTSD since 2007 and was diagnosed with an additional anxiety disorder in 2014. Ryan’s lack of trust in people meant he had to dismantle the emotional wall he had built up which kept everyone else out; his knee-jerk response to sounds like bottle rockets still urged him to take cover because he thought the sound is a life-threatening RPG. Vietnam Veterans Charlie and Buddy, who faced challenges for 45 years with their severe PTSD, shared their demons as well: Charlie, plagued with sleeplessness and terror due to his night scares; Buddy, haunted as well. Kevin’s severe PTSD might be a lifetime companion as well. Each combat veteran interviewed has lived with their own blend of post-trauma

conditions—and they will be figuratively drinking from their own painful psychological cocktail for the rest of their lives.

In the fifth theme, Same Leopard – New Spots: “I Can Go Out and Escape My Mind”, the participants were a fraction of the person they used to be, and they have had to re-create themselves after the combat experiences. Lauren reportedly found abundant comfort from her EAT sessions, along with the quality time she spent with horses. Her EAT experiences made the new version of her “a lot calmer and happier” and more relaxed as time goes on. Ryan was able to mingle with people when he was with horses, as he dealt with his PTSD, anxiety, and his phobias of public places and loud noises. Buddy mentioned how much more relaxed he was after interacting with horses, and that these interactions gave him a sense of peace. Rebecca reportedly became a more engaged person in her work place after her sessions with EAT. In each of these cases, the new version of the combat veteran was an improved and psychologically healthier one.

Theme number six of Wrong Direction: “In Fact I Rejected the Equine Program” reflected how EAT did *not* work for one of the participants. Kevin emphasized that he did not benefit from his EAT program as other participants in this study did. Kevin expressed that the instructor and EAT therapist did not comprehend his decidedly negative reaction to EAT and they tried to force the EAT sessions on Kevin. Two factors possibly added to Kevin’s negative experience: (1) From the outset, he did not *want* to be involved in EAT, and (2) His support system was too far removed from him to rely upon when he needed them. From Kevin, we learned that as valuable and beneficial as EAT was for most of the participants, EAT is not a panacea.



The seventh and final theme, Learning to Live Again: “I’ve Been Beaten Up and Beaten Down Before [But] I Know What it Takes to Get Back Healthy Again”, demonstrated how the participants’ regressions and steps backward were often turned into powerful life progressions. Lauren and Ryan reported overall progress, and several benefits were attributed specifically to EAT. Charlie spoke of EAT as not only a physical activity but also as spiritual one. Charlie said that horses help your mind sort through “situations” in ways that bring a greater peace. Charlie also gave insights regarding how and why horses have been good for his journey through his post-combat life. Charlie’s experience revealed that these gentle giants can find their way into one’s soul, soothing pain and trauma with peace and a deep-rooted sense of connection.

### **Implications**

In this final section of the chapter, I address implications in three different areas: (1) policy and funding, (2) practice and intervention, and (3) future research, respectively.

#### **Policy and Funding Implications**

I believe that Equine-Assisted Therapy be should be offered as a viable option to help with PTSD and other related disorders common among combat veterans. Optimally, EAT should be prescribed to returned military veterans. I am not suggesting that it should be mandated for every veteran; indeed, the counterexample of Kevin suggests that EAT is not effective for some and can be counterproductive when it is coerced or forced. However, those participants in the present study who opted on their own for EAT reported significant benefits.

The present study further found that the veterans excelled when given the freedom to make their own choices and to proceed at their own pace with their session partner [horse] and to speak about deep, pressing issues if and when they were ready. EAT allows the participant the

freedom of not speaking about their issues to another human [therapist], as is the case with psychotherapy and psychiatry.

Based on the research and observations associated with this project, it seems unwise to force or mandate EAT but the same principle holds with forcing traditional psychotherapy. EAT provides an additional or supplemental option that will be appealing and helpful to some but not to others. Those who do not opt for EAT, however, might appreciate having the choice of additional options. Offering an array of options from which to choose circumvents further issues with anger, distrust towards others, and ongoing and escalating senses of the loss of freedom and liberty.

More reticent or “reluctant to open up to a shrink” veterans—and in the author’s experience this includes *most* combat veterans—might find EAT’s less direct approach more comfortable. In addition to interaction with the horses, EAT also provides a low-pressure context for the veterans to interact with others who have had comparable life experiences and to rely on each other for emotional support. Some of the participants revealed they did precisely that; EAT became a place to find additional (peer) human support. Although the results of the present paper are unable to be generalized due to the limited size and nature of the sample, this research paper’s data revealed that the six of the six participants had positive emotional and psychologically constructive experiences with EAT—an encouraging figure. All six participants agreed that although this type of therapy can be good, it is not “the thing” for everyone. I urge the military to consider policy and action that would make the EAT option available for those who are interested.

Economic pragmatics and funding challenges of EAT therapy establishments should keep the price for the sessions reasonable. The horses’ medical and feed bills should be a nonprofit

venture without exorbitant fees. The horses used for equine therapy are not specially trained. They must pass tests and meet requirement standards but the horses are not cost-prohibitive “elite” stock; rather they are just good, all-around “people” horses. It is possible to charge participants based upon the needs of a barn. Implementing non-profit programs that are not driven by profit-building perspectives but focus on veterans’ needs would appear to be optimal. I believe we should work on putting a plan into action.

### **Implications for Practice and Intervention**

As previously mentioned in this research, not all veterans open up to just anyone and talk about their thoughts and feelings. According to Brooke Knox, director of the EAT program *Heroes for Horses*, “Warriors don't open up easily about what's going on inside their heads” (Labbe, 2012, para. 11). With this in mind, I suggest the following guidelines for EAT programs:

- a. Be honest and upfront with everything and anything. Remember that veterans value a direct, up front approach, and might have a low tolerance for anything that seems inauthentic.
- b. Have at least one individual on staff who knows the military, combat veterans in particular, and who knows the value of EAT and can bridge gaps and speak on behalf of the program.
- c. Have instructors who are genuine and care for and understand your participants.

Gina, Lauren’s instructor, was a good model to follow. Lauren said of her:

Gina is really awesome. She is very knowledgeable. . . . She gives a lot of praise too, which is really encouraging, so you don’t feel like you screwed up, [even] if you did. She—she knows when to back off and let you take . . . take control. And she encourages that. . . . Gina realizes how quickly somebody catches on, especially me, and she’ll let me go out by myself with the horse in the arena, once she’s told me what she’s needed to tell me. ‘Cause I listen really well. So that’s her.

Gina displayed characteristics of a good instructor and clearly left a lasting impression of trust and caring on Lauren. EAT instructors too concerned about aggressively promoting the healing process might not understand that, trying too hard or pushing people too fast in what the instructor see as the right direction, can backfire on both the participant and the instructor. Kevin explained his negative encounter in this way: “In fact the instructor, the therapist in the program, tried to force me to continue in the program, which only made my anxiety worse. And the horse reacted negatively as well.” Kevin went on to two other points about the program’s committee members, whom he saw as well intentioned. He shared that, “The instructors were nice, they were all really nice. [They were] just not understanding why this one person out of everyone [in the group] they had did not react positively to equine therapy.”

d. With understanding the people [veterans] involved in the therapy, instructors need to learn to not micromanage the veterans. They are used to being lead, not managed about the process they use to accomplish tasks. By managing them the healing process could become slower than originally perceived. Use progressive steps from the ground up to break the micromanage urge you might have. Start off with the veteran working with a small horse that cannot be rode, but can be fed, groomed and maintained. If they [the veteran] show progression on their own with the set directions that were given, allow them to move up to a different bigger animal. Once a level of comfort and satisfaction is reached, start to engage the therapy sessions. Here again use the same progressive step model. In essence, literally giving them the reins.

e. Treat the horses like your children. A successful EAT program will only be such with the understanding of both the participants and the equine subjects of the program.

In addition to implications for funding and policy and for practice and intervention, I suggest the following implications for further research.

### **Implications for Further Research**

Emerging research helps us to better understand how veterans feel once they return home from serving their country. Hemmerly-Brown (2011) reported, “Soldiers returning from the wars in Iraq and Afghanistan often bear the hidden scars, now called the ‘signature wounds’ of combat: post-traumatic stress disorder and traumatic brain injury” (p. 22). With respect to these warriors with “hidden scars,” Pointon (2006) observed that animals do not judge; they only react to what is present, a characteristic similar to combat veterans’ training of immediate response to the present.

More documentation is needed on the effects of veterans’ AAT with an array of therapeutic animals to document the benefits that come with the treatments. For example, one of the present study’s participants did not enjoy horses, but he did bond with a barn cat. It is also important to identify and document the challenges that some might encounter when using AAT. The growing knowledge base in this area will help veterans identify, select, employ, and customize different therapeutic avenues outside of the traditional therapies that are currently available to them.

Finally, marketing, advertising, and heightened public awareness of the available AAT/EAT facilities are needed. As Lauren stated, [I feel like I’ll be doing okay], as long as I’m in the Warrior Transition Battalion at least. Because that’s the only one that I know of. I don’t know where else they are available, and I haven’t really heard of them outside of here.

Increased awareness of EAT and additional opportunities for this therapeutic proven, effective approach will be helpful for many future veterans. Ideally, an increase in the number of

high quality EAT facilities will help combat veterans to enjoy the same healing and discovery of a new life that Lauren and five of the six participating combat veterans experienced. It is my intent that this work of sharing the voices of veterans who benefitted from EAT will improve opportunities for future veterans to have access to this unique process.

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## APPENDIX A: RESEARCH QUESTIONNAIRE

1. What is your name?
2. How old are you?
3. Where is your home of record? Northeast, Southeast, Northwest, Southwest
4. What are/were your years of service in the United States Military?
5. What Branch of the Military did/do you serve in?
6. What was/is your military occupation?
7. What has brought you to utilize an Equine Program?
8. What is your medical diagnosis?
9. How long have you had this diagnosis?
10. How long have you been utilizing an Equine Program?
11. How long have you been at this program?
12. Did you grow up with horses?
13. What improvements have you made during your sessions since starting your Equine Program sessions?
14. What personal improvements have you made since starting your Equine Program sessions?
15. Who is your support group at your sessions?
16. Who is your support group outside of your sessions?
17. What do you enjoy the most about your Equine Program?
18. What is your favorite activity to do during your Equine Program sessions?
19. What is your least favorite part when you utilize your Equine Program?
20. Do you have a favorite horse to work with during your Equine Program sessions?

21. Do you have a favorite instructor in your Equine Program?
22. How long will you continue to utilize an Equine Program?
23. Where do you see yourself in 1 year from now?

## APPENDIX B: INSTITUTIONAL REVIEW BOARD

### ACTION ON EXEMPTION APPROVAL REQUEST



TO: Thomas Banner  
College of Agriculture

FROM: Dennis Landin  
Chair, Institutional Review Board

DATE: March 5, 2015

RE: IRB# E9220

TITLE: Equine Therapy Utilized for the Benefit of United States Military Veterans Who Grieve With Psychological Inflictions of War

Institutional Review Board  
Dr. Dennis Landin, Chair  
130 David Boyd Hall  
Baton Rouge, LA 70803  
P: 225.578.8892  
F: 225.578.8983  
[irb@lsu.edu](mailto:irb@lsu.edu) | [lsu.edu/irb](http://lsu.edu/irb)

New Protocol/Modification/Continuation: New Protocol

Review Date: 3/5/2015

Approved X Disapproved \_\_\_\_\_

Approval Date: 3/5/2015 Approval Expiration Date: 3/4/2018

Exemption Category/Paragraph: 2b

Signed Consent Waived?: No

Re-review frequency: (three years unless otherwise stated)

LSU Proposal Number (if applicable): \_\_\_\_\_

Protocol Matches Scope of Work in Grant proposal: (if applicable) \_\_\_\_\_

By: Dennis Landin, Chairman 

PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING –  
Continuing approval is **CONDITIONAL** on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects\*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants, including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
7. Notification of the IRB of a serious compliance failure.
8. **SPECIAL NOTE:**

*\*All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at <http://www.lsu.edu/irb>*

## APPENDIX C: CONSENT FORM

1. Study Title: An examination of the lived experiences of United States military veterans who have been diagnosed with psychological inflictions of war who have utilized equine assisted therapy.
2. Performance Site: Southeastern Equestrian Center, Southwestern Equestrian Center, Northeastern Equestrian Center.
3. Investigators: The following investigators are available for questions about this study, M-F, 8:00 a.m. - 4: 30p.m. Tom Banner (229) 220 2091.
4. Purpose of the Study: This research is being conducted to examine the changes that occur in veterans that utilize Equine Assisted Psychotherapy in their recovery process from war time.
5. Subject Inclusion: The population for this study are United States Military Veterans who have served during wartime, dating from The Vietnam War to the present. They actively participate in Equine Assisted Therapy, and have a medical diagnosis of psychological inflictions (PTSD, TBI) they endured from their wartime service.
6. Number of subjects: 5-7.
7. Study Procedures: In a face to face interview the questionnaire will be administered. There will be no set time for each interview to conclude. Each participant will take as much time as they need to answer each question. With their consent each interview will be recorded, videotaped as well as having their responses hand written by the researcher.
8. Benefits: No benefits will be rendered for volunteering in this study.
9. Risks: The only study risk is the inadvertent release of sensitive information found in the questionnaire. However, every effort will be made to maintain the confidentiality of the study records. Files will be kept in secure areas to which only the researcher has access.

10. Right to Refuse: Subjects may choose not to participate or to withdraw from the study at any time.

11. Privacy: Results of the study may be published, but no names or identifying information will be included in the publication. Subject identity will remain confidential unless disclosure is required by law.

12. Signatures:

The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about subjects' rights or other concerns, I can contact Dennis Landin, Institutional Review Board, (225) 578-8692, [irb@lsu.edu](mailto:irb@lsu.edu), [www.lsu.edu/irb](http://www.lsu.edu/irb). I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Subject Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VITA

Thomas F. Banner started his higher educational track in the spring of 2005 at a junior college. Transferring to a university, he graduated in 2008 with his BS and then jumped into his Masters which was completed in 2010 at the same university. Before his graduation in 2008, he transferred credits back to his junior college and graduated with an AA in 2007. With some lag in time he started his Doctoral track in the summer of 2013 and is a candidate to graduate in the spring of 2016.